						STAT	E OF MARYLAND					
	1	FOR - STATE			DEP		EALTH AND MENTAL			79-1	035	0
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noy the rade of th		ECEASED NAME PE OR PRINT)	Many		MIDDLE		Angle	20	APPL	MONTH DAY	1979	7:40 Am
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deoi deoi	2	Penna.		U.S.A		WIDOWE			Washingt			MD.
offer the formal with ed with	9 10	TTO TOWN OF DEA	1	(IF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS)	OR OTHER INSTITUTION	(TYF	USUAL OCCUPATION OF WORK FOR MOST OF		DUSTRY	SUSINESS OR
in by the effect	MIS	Hagersto		Was	ningto	n Co. Ho	spital		Housewife			
24 ho ould b	5 130	JAL RESIDENCE (IF NURS STATE Penna.	Frankl	in	Wayne		13d INSIDE CITY LIMIT		STREET ADDRESS R. D. #1			
athin 2 sho	/ 14	ATHER'S NAME	MIDDL		LAS		15 MOTHER'S MAIDE		MIDDLE			
uted w	0	Andrew	MIDUL	re		nbaugh	Bessi	.e	WIDDLE	H	ohman	
and co	2 160	WAS DECEASED EVER	IN U.S. ARMED		166 SOCIAL	SECURITY NO.	17. INFORMANT		ADDRE	SS R. D.	#1	- //
on and o	L	No			198-3	4-6343	Lloyd R.	Angle		Waynesbo		
physicic popersion pool.		18 CAUSE OF DEAT	H (Enter only or	ne couse per	line for io , (b and k	C	1/	N		APPROXIMA BETWEEN ON	TE INTERVAL SET AND DEATH
ertification physical		PARTI. DEATH W	IMMEDIATE CA		Mite	static	(ancer of	the	Vanca	1	/	1901
ndin carb		1379		DUE TO, OF	AS A CONS	SEQUENCE OF					/	
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hen p ta burn njury, a	Z	PART 2 OTHER SIGI	NIFICANI CON	DITIONS	NIKIBULING	3 TO DEATH BUT	NOT RELATED TO THE	ETERMINAL	DISEASE OR CONL	THON GIVEN IN	PARI IIO	
mit. I prior	CERTIFICATION	190. DATE OF OPERA	TION	19b CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED	2	On AUTOPSY?	20b. IF YES, WER	E FINDING	S USED
on. Der per	2 E							Y	ES NOT	IN CERTIFYING YES		NO [
physicio physicio ifficote h fronsit i ol Hygie n 18 sho	∂ ĕ	21g. ACCIDENT WAS UN		216. TIME O	FINJURY M. MONTH	H DAY YEAR	21c. HOW INJURY OF	CCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OF	PART 2)	
ySICIAN: ding physis s certificol buriol-fron Mental Hy	7 8	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC		P./		19		200				11.00
HY dir	MEDICAL	21d. INJURY OCCUR	RED	21e PLACE (OF INJURY	OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOW	N CO	UNTY	STATE
	1	AT WORK AT WO	HILE				100	04		140	24	
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ATTE spite CTO d for n 21		phove (1 (we)	did [did not] vie	w the body	atter death.			pinion deoth	occurred on the do	teland hour and i	rom the co	uses stated
OR bolker Obepit		27h SIGNATURE	* RA	ull		M	DEGREE ATTENDI PHYSICI.	ING CELO	EDICAL STAF	F IANI D	4/18	To I
HOSPITAL ned by the FUNERAL uld be determined State ORTANT: I	7	22d. PHYSICIANS N.	ME (TYPE OR PRIN	(1)	11		Tre ADDRESS	IAIN DOI	A CONTRACTOR OF THE SEC	/	1110	179
		Ro	bent	13r	611		13 x E.	Antic	etam 17	, H	agrante	no 17h
of of short	23a	BURIAL, CREMATION,	REMOVAL 23	3b. DATE			EMETERY OR CREMAT		3d. LOCATION	COUNT	,	STATE
BP		Buri	al	4/21/		Mt. 2			Quincy	Frank	lin	Pa.
DHMH - 16 60M 1/75	24.	FUNERAL DIRECTOR	111	le .			road St. 15	APR 2	3 BIG GETRAR	perfery !	Arabija	iely
· (VR A 15 (4))		MILLY	11 01. X	400	W	avnes bor	o. Pa.				001	/

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	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MEN		ENE REG. NO	79-1	03	51
		CEASED NAME FIRST Mento		erdue		ACHTELI		April 1		YEAR	26 HOUR M
	3. SE	X	4 RACE		5 DATE C		VEAD	AGE (IN YEARS LAST BIRT	HDAY) IF UNDE	DAYS	IF UNDER 24 HRS HOURS MIN
		male	white		July	18, 189	7	81	YRS.		NOURS MIN
- /	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF V	VHAT COUNTRY?	MARRIE	NEVER MAR	RRIED 🗆	BALTIMORE CITY O	R COUNTY OF DE	ATH	
35		Maryland	USA		WIDOWE		RCED 🗌	Washing			MD.
29	Н	agerstown	Washing	facility, give street	nty Ho	spital	TION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	F WORKING LIFE) INE	KIND OF DUSTRY Ind b	last
35	13a S Ma	4	NTY	GIVE RESIDENCE BEFOR 13c CITY OR TOV Hagersto	VN	13d Inside City Yes 🔀 No	LIMITS?	3. STREET ADDRESS 427 Rho	de Islan	d Ave	enue
211	14 FA	Clarence B	achtell	LAST		15. MOTHER'S MA		Moore		LAST	
7	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	16b SOCIAL SECT		17 INFORMANT		ADDRE			
/				214-09-6	5575	Jack C	. Bach	itell, Hage	rstown, 1	Mary]	Land
	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse last PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, OR (c) CONDITIONS CO	AS A CONSEOU	DEATH BUT		CAR,	VAS, HE		E FINDING	GS USED.
9	TIF		313.25					YES NO	YES	CMUSES	NO 🗆
9	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [LIFEITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	ATH HOUR A.A	A. MONTH D	AY YEAR	21c HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I OR	PART 2)	
	ME	WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE.	FARM, ETC.)	STREET	5.13	CITY OR TOW	'N COL	YTML	STATE
		22a.1 certify that (1) (this hosp saw the deceased alive or above 1) will did		19			r) opinion de	, to eath occurred on the da			
1		17 AUT J	JOS PROPERTY	unuli	1		NDING SICIAN	MEDICAL STAF			
1											
	- {	BURIAL, CREMATION, REMOVA				EMETERY OR CREA		23d. LOCATION CITY OR TOWN	COUNTY	Y	STATE
		rial	Apr.4,1		edar I	awn Mem.		Hagerstow REC'D. BY REGISTRAR	n, Wash.	Man	ryland
		UNERAL DIRECTOR Minn:			Ma o	1740	AA	D. C. 1070	P. REGISTRAR'S	P	
	4T	5 E. Wilson Bly	vu., nage	erstown,	MQ. Z	1/40	LAP	K D 14/4]	perfrag	Mal	ready

DHMH - 16 60M 1/75 (VRA 15 (4))

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FOR

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(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housemite 13e. STREET ADDRESS 129 Roemmen LAST Orandor ADDRESS 18 Glennside Ave Hanenstoum APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Instant Indefinite Hypertensive cardiovascular disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 50 NO [21c HOW INJURY OCCURRED TENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 23 CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 4/18/79 PHYSICIAN X DIRECTOR PHYSICIAN 148 West Washington Street Hagerstown, Md. 21740 STATE Burial 4/20/79 Greenlawn Mem. illiamsport 250. DATE REC'D. BY REGISTRAR 25b. RECSTBAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 50M 7/77 (VR A 15 (4)) Major M. Osborne P.O. Box 348 Williamsport Md

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-10352

IF UNDER 1 YEAR

DAYS

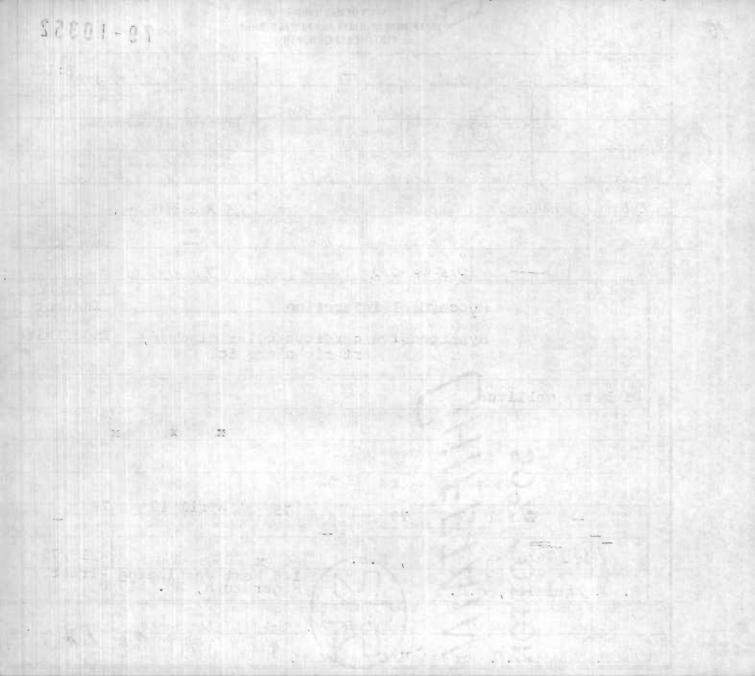
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17h KIND OF BUSINESS OR

IF UNDER 24 HRS



should be detached for use as the buriol tronsit permit. Then please remove corbon papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, or other troumotic event, the medical exom

IMPORTANT: If Item 21 is morked or Item 18 shows ony

1	-	FOR STATE REGISTRA
		KLOIJIKA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

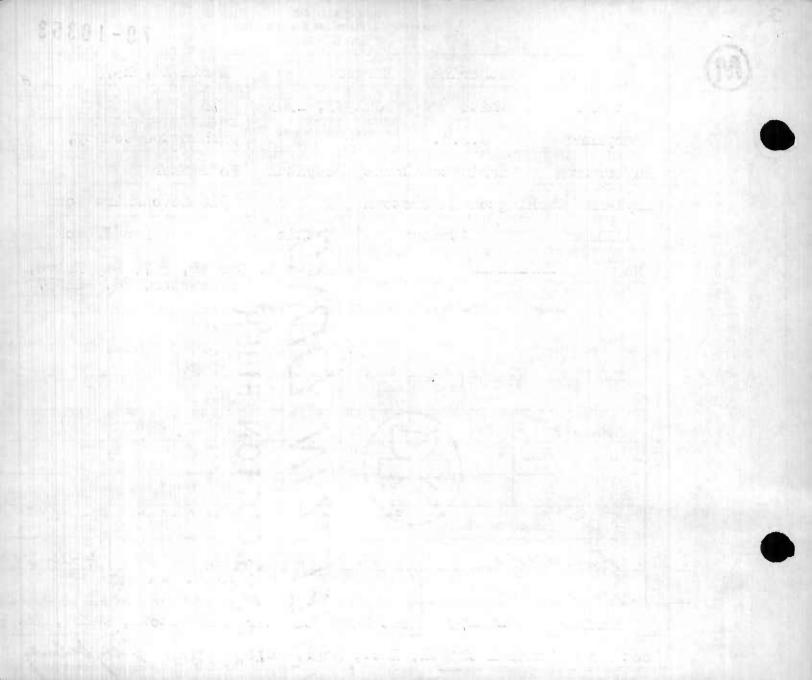
79-10353

		REGISTRAR				REG. NO).		
1		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH M		EAR 2b H	IOUR
	,,,,,,	Mary	Katherine	Ber		April 1	8, 1979		AM
	3 SEX	Female	White	JU.	ly 3°, 1903	6 AGE (IN YEARS LAST BIRTH		DAYS HOUR	RS MIN
3	00	RTHPLACE (STATE OR FOREIGN MARY) Maryland	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIE WIDOWE	D NEVER MARRIED D	Washingt			MD.
9	H	agerstown	11. NAME OF HOSPITAL, NURSII Washington	ount;		Homemake		IND OF BUS	INESS OR
6	Ma	ryland Wash	ington Hagers	town		130 ST 320° Dev	onshire	Road	1
1	14 FA	William	Ritenöur		Nettie	AE MIDDLE	Lauder	back	
	16a W	(AS DECEASED EVER IN U.S. AR. ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b SOCIAL SECT	JRITY NO.	William A.	Berger, 3	677 Bay	Driv	√e,
	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2. OTHER SIGNIFICANT (DUE TO, OR AS CONSEQUED TO CONDITIONS CONTRIBUTING TO	DEATH BUT		1071F1ED		ART 1(o)	JSED
-	RTIFIC	NONE	1 1 1 1 1	-	115 110	YES NO	YES [NC	EATH?
	MEDICAL CE	21a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY MOTWHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	19	21c HOW INJURY OCCURR 211. LOCATION STREET	ED (ENTER NATURE OF INJURY			STATE
		22a.1 certify the (1) this hospi sow the deceosed alive an above (1) (we) (did did no 27b. SIGNATURE	Tylew the body offer deom.	78	nd that in (a) (our) opinion d DEGREE ATTENDING PHYSICIAN	to DEC SHIBE A	te and hour and fro		ED
		12d. PHUSICIAN'S NAME (TYPE O	R PRINT			ANTIETH	un sf		
	23a. B	URIAL, CREMATION, REMOVAL PECIFY) Rurial	23b DATE 23c.	NAME OF C	Itaconsto	23d. LOCATION	cown couWa	sh.	Ma.

Haven Funeral Chapel, Inc., Hag.,

DHMH - 16 50M 1/76 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The lov etoined by the hospital or attending physician



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STATE OF MARYLAND

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1			STATE OF MARYLAND	
	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	9-10356
		EASED NAME BETTY	Tane Bishon 20. DATE OF DEATH MONTH	22 29 1:35p
3.	. SEX	Female "	RACE 5. DATE OF BIRTH White 6. AGE (IN YEARS LAST BIRTHDAY) WEARS YEAR YEAR YEAR YEAR YEAR YEAR	IF UNDER 1 YEAR IF UNDER 24 HRS
33	CO /	Maryland	WIDOWED DIVORCED STATEMENT OF WHAT COUNTRY?	ton "
91	2	agerstown	I NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION IN HIS IN SUCH EXCUR, UNIVERSITY ADDRESS CENTER IN SUCH EXCURSION MOST OF WORLD CENTER IN THE OF WORLD MOST OF WORLD	restaurant
35	1	aryaya was		Street
211		Ralph R. Rit	tter Beulah M. Henry	EAST
1		F HO OS RHENOMHI TA AST DIVE AN	THE SECRET THE SECRETARY SECRETARY AND THE SECRETARY	Md.
		PART I. DEATH WAS CAUSED I IMMEDIATE (// Salah Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.		ry Yrs
	TION		inditions <u>Contributing to death</u> but not related to the terminal disease or condition	
2	CERTIFICATION	190 DATE OF OPERATION	YES NO NO	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19	18, PART 1 OR PART 2]
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN	COUNTY STATE
		22a.1 certify that (I) (this hospital sow the deceased olive an above, (I) (we) (did) (did nat) v	view the body ofter death.	
		Drang +	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	226. DATE SIGNED
		KYUNG	KIM SOO Penna Ave	Hagersnwi
	bü	rial		o,Franklin,Penna
2	4 FU	NERAL DIRECTOR Minnich	Funeral Home 356. Date REC'D. BY REGISTRAR 256. REG APR 3 0 1979	STRAR'S SIGNATURE

32601-31 reache who has son it is APRICE OF ARA

	ı	FOR STATE REGISTRAR		DEPARTA	NENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENE	REG. NO.	79-1	03	57
noy be page 3		CEASED NAME FIRST Willia		Elmer	BLA	NK.	April	DEATH MON	1979		8:45P M
e 4 may	3. SE	x Male	4 RACE White		5. DATE C	ber 30, Year 97		ARS LAST BIRTHDA	YRS.	RIYEAR	F UNDER 24 HRS HOURS MIN
Tomes State		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?		NEVER MARRIED	9 BALTIMO		ounty of DE		MD.
by the further differed within	10 0	Hagerstown	(IF NOT IN SUC	HOSPITAL, NURSIN HEACHTY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION Spital	12a USUAL C	FOR MOST OF WO	DRKING LIFE) 12h.		BUSINESS OR
filled in by rould be fill	130.	AL RESIDENCE (IF NURSING HOME OF STATE HALLOU Fre	other institution NTY derick	GIVE RESIDENCE BEFORE	N	134. INSIDE CITY LIMITS? YES NO 2	13e. STREET /		tone Ro	ad, I	rederic
campletely is a and a share	14. F	ATHER'S NAME FIRST William	MDDLE Elmer	Blank,	Sr.	15 MOTHER'S MAIDEN N. FRST	AME	WIDDLE		Whipp	Mc
e executed no ond comp	16a	WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GN NO NON	VE WAR OR DATES)	217-12-16		17 INFORMANT Irs. Ethel Bl	ank, Ro	ADDRESS oute 4,	Freder	ick,	Md. 2170
ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours rather this certificate has been signed by the attending physician. In the rise sertificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove cathoring pers. Pages 1 and 2 should be filled in and Amental Hyginese prior to buriol, cremotion, or removal. And a shows any injury, or other traumatic event, the medical exagainer must be made and the modern and the statement of the modern and the medical exagainer must be made as the modern and the m	N.	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	(b) DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO C	NCE OF	lapide ture to NOT RELATED TO THE TER	QUOL ONLOC WINAL DISEASI	Rag OR CONDITI	ON GIVEN IN F	SY PART I(0)	his i
Dry VII at NECOR	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	216. TIME O	F INJURY		WAS PERFORMED	200 AUTO	NO SE	Ib. IF YES, WERE CERTIFYING C YES	AUSES O	
4G PHYSICIAN: TI attending physicial ter this certificate is the buncil-transit in and Mental Hygier ded or them 18 sh	MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOT IFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE AT WORK AT WORK	P. PLACE	M	Y YEAR 19 ARM, ETC.)	21f LOCATION STREET		CITY OR TOWN	COU	INTY	STATE
ATTEND ospital oseCTOR: A far use of Hear use it. of Hear is m 21 is m		22a.1 certify that (1) (this hosp sow the deceased alive as above, (1) (we) (did) (did no 22b. SIGNATJORE	+119	19		d that in (my) four) opinion	death accurre	4/19 d on the date of	and hour and fr		
TO HOSPITAL Caretoined by the his from FUNERAL DIRECTOR SHOULD BE STORE DOES WITH THE STORE DOES WITH THE STORE DOES THE PROPERANT. If the		22d PHYSICIAN'S NAME (TYPE (Dr. Thomas		M.D.	P	ATTENDING PHYSICIAN 220 ADDRESS North Poton	MEDICAL DIRECTOR			4/2 Md.	479
P		BURIAL, CREMATION, REMOVAL	236 DATE Apr 23	1979 Re	ocky S	metery or CREMATORY prings Cemet	Tata LOCA	TION			Ma".
DHMH-16 20M (VRA 15, 4) 7/78	24. F	Smarh, Fadeley, 106 East Church	Reeney	Bashord Frederi	Fune:	al Home 250 DA	APR 2	GISTRAR 256.	REGISTRAR'S S	SIGNATUR	Bushy

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OR ATTENDING PHYSICIAN: The low

retained by the haspital or attending physician.

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ı	-	STATE
		DECLETOAD

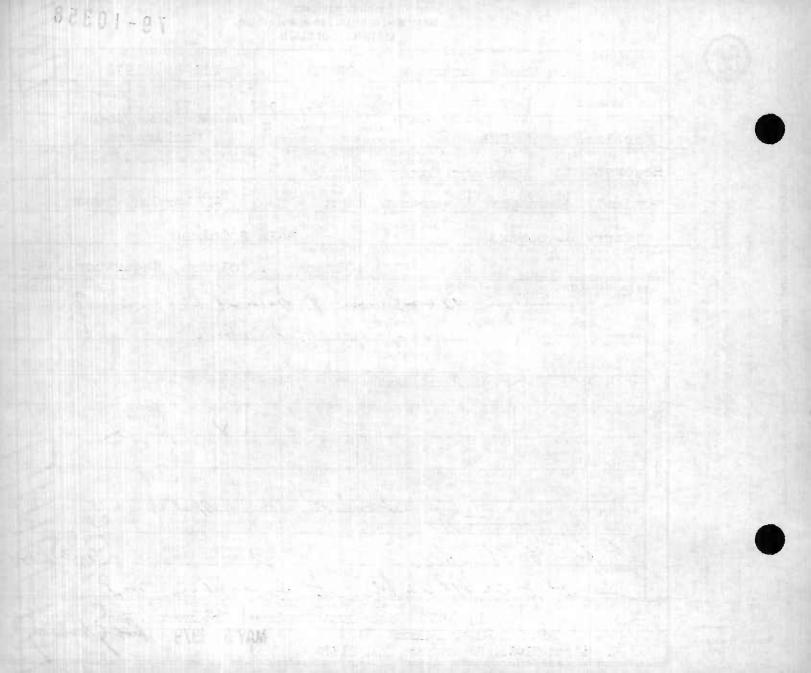
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10358

		RAR				CERTIN	ICATE OF DEATH		REG. NO.		
	1. DECEASED (TYPE OR PRINT)	NAME	FIRST		MIDOLE	L	AST	20. DATE OF	DEATH MONTH	GAY YEAR	2b. HOU
	(TIPE OK PRINT)	Lu	ıla Vi	ola G	ertrude		BOWARD	Apri	1 29,	1979	
	3. SEX fe	male	4	whit	:e	5. DATE C			RS LAST BIRTHDAY)	MONTHS DA	
35	70 BIRTHPLAC	E (STATE OR F	OREIGN 76	USA	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMOR		JNTY OF DEATH	
79	10 CITY OR TO	OWN OF DE		1. NAME OF	HOSPITAL, NURSIN CH FACILITY, GIVE STREET TON COUNT	ADDRESS)	OR OTHER INSTITUTION	12e. USUAL O	CCUPATION FOR MOST OF WORK	12b. KINI	OF BUSINE
35		ENCE (IF NUR		THER INSTITUTION	GIVE RESIDENCE BEFORE 13c CITY OR TOW Hagersto	E ADMISSION)	13d. INSIDE CITY LIMITS? YES X NO	13e STREET A	odress 7 Maryla	and Avenu	ıe
211	Ha	rry E	B. Bow		LAST			a Spiel			LAST
	160. WAS DEC (YES, NO OR		(IF YES, GIVE W		166 SOCIAL SECU	IRITY NO.	Blanche E	. Colem	address nan, Ha		wn, M
b I		(a), stati		DUE TO. O	R AS A CONSEQUE	NCE OF					11513
ny injury, or office	PART 2	OTHER SIG	NIFICANT CO	(c) NOTIONS <u>C</u>		DEATH BUT	NOT RELATED TO THE TEI				37
iaws any injury, or affice	PART 2	ying cause	NIFICANT CO	(c) NOTIONS <u>C</u>	ONTRIBUTING TO L	DEATH BUT	NOT RELATED TO THE TEI	200 AUTOR	PSY? 20b. 1	N GIVEN IN PART IF YES, WERE FIN ERTIFYING CAUS	DINGS USED
ment to shows only injury, of other	PART 2 190 DAT 210. ACC	OTHER SIGN E OF OPERA CIDENT WAS UN TRIBUTING R, NOTIFY MEDIC	E TOST. NIFICANT CO TIÓN GERLYING CAUSE OF DEATH CAL EXAMINER)	196. COND 216. TIME C HOUR A	ONTRIBUTING TO DESCRIPTION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOR	PSY? 20b. 1N C	IF YES, WERE FIN ERTIFYING CAUS	DINGS USED SES OF DEAT NO
prised or riem 10 snows pay injury, or other	WEDICAL CERTIFICAL MEDICAL CERTIFICAL MEDICAL CERTIFICAL MATERIAL CERTIFICAL CERTIFICATION CERTIFICAL CERTIFICATION	OTHER SIGN E OF OPERA IGENT WAS UN TRIBUTING R, NOTIFY MEDIC URY OCCUR AT WO	I I I I I I I I I I I I I I I I I I I	19b. COND 19b. COND 21b. TIME C HOUR A P 21e. PLACE (AT HOME, ST	ONTRIBUTING TO E	OPERATIO AY YEAR 19 ARM, ETC.1	N WAS PERFORMED 21c HOW INJURY OCCU 21f LOCATION STREET	YES JANEED (ENTER NATU	PSY? 20b. 1N C	FYES, WERE FIN ERTIFYING CAUS YES	DINGS USEE SES OF DEAT NO (2)
n z i is marked or irem 18 shaws any injury, or other	PART 2 OR CON WHILE AT WORK 220. I ce Sow abo	OTHER SIGI E OF OPERA CIGENT WAS UN TRIBUTING	DIFICANT CO	19b. COND 19b. COND 21b. TIME C HOUR A P 21e. PLACE (AT HOME, ST	ONTRIBUTING TO DESCRIPTION FOR WHICH OF INJURY .M. MONTH D. .M. OF INJURY REET, FACTORY, OFFICE, F	OPERATIO AY YEAR 19 ARM, ETC. 1	21c. HOW INJURY OCCU	200. AUTOF	PSY? 20b. IN C IN C URE OF INJURY IN ITE.	F YES, WERE FIN ERTIFYING CAUS YES MIS, PART I OR PART : COUNTY	DINGS USEE SES OF DEAT NO (1) (2)
NYI: 11 ITEMI 41 15 MOFKEG OF ITEMI 10 SNOWS ONY INJUTY, OF OTHER	PART 2 IP DAT 2	OTHER SIGN E OF OPERA CIDENT WAS UN TRIBUTING R, NOTHY MEDIC URY OCCUR NOT W AT W The deceasone, (I) (we) (I) (ME) (I) (ME) (I) NATURE	TION GERLYING CAUSE OF DEATH ALL EXAMINER) RED THILE (this haspital ed alive an addid) (did not)	19b. COND 19b. COND 21b. TIME C HOUR A P 21e. PLACE (AT HOME, ST	ONTRIBUTING TO DESCRIPTION FOR WHICH OF INJURY .M. MONTH D. .M. OF INJURY REET, FACTORY, OFFICE, F	OPERATIO AY YEAR 19 ARM, ETC. 1	21t. HOW INJURY OCCU 21t LOCATION STREET 19 ad that in (my) (aur) apinion DEGREE	YES JURRED (ENTER NATION of the state of the	PSY? 20b. IN C NO IN C	F YES, WERE FIN ERTIFYING CAUS YES MIS, PART I OR PART : COUNTY	DINGS USEES OF DEAT NO (1)
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DHMH - 16 50M 7/77 (VR A 15 (4))

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) Glenn 19 79 John BOWMAN DEATH MATED & APR 4. RACE B. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY) 8:00 PRONOUNCED MALE White May 16.1905 73 YRS DEAD b. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED K NEVER MARRIED Maryland U.S.A. WASHINGTON WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS PAGE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE) SHOULD BE P Pen Mar Inspector Ship Yard Cascade R. D. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Washington Cascade YES -NO X OF VITAL F 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Carrie John Pryor Bowman 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Rouzerville. Pa. 185-01-3088 Mrs. Anna M. Bowman no war service CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY 412 - CHRONIC ISCHEMIC HEART DISEASE WANY YEARS IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF AND MENTAL HYGION, OR REMOVAL. Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) < CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E DEPARTMENT OF PRIOR TO BURIAL, C YES NO NO 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 19 TIE. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 71f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK COUNTY Inspection K 27a. I certify that I took charge of the remains described above, held an Autopsy MARYLAND, TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECTO AFTER DEATH, WITH TI Notural causes X death resulted from: Homicide Accident Undetermined manner TITLE (SPECIFY) ACTUAL DATE APR. 10, 1979 DEPUTY MEDICAL EXAMINER BALTIMORE, 217 WEST WASHINGTON STREET EXAMINER'S NAME EDWARD W. DITTO, 111, M.D. HAGERSTOWN, MARYLAND (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 4/13/1979 Burial St. Mark's Cemeterv Wolfsville BP. Frederick 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 14 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) Waybesboro, Penna. 15M 7/77

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the attending physician and completely filled in by the remove corbanpapers. Pages 1 and 2 should be filed w

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Item 18 sh

IMPORTANT: If them 21 is marked or

MEDICAL

should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cri

certificate has been

FUNERAL DIRECTOR:

HOSPITAL

STATE OF MARYLAND

FOR			DEPARTA	AENT OF H	EALTH AND	MENTAL HYG	GIENE				
- STATE REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO.	79	-10	361
1. DECEASED NAME	FIRST		MIDOLE	1	AST		2a. DATE OF D			YEAR	2b. HOUR
(TYPE OR PRINT)	Gloria	Ju	ine	BR	NWC		April	11,	1979		
3. SEX		4 RACE		5. DATE C			6 AGE (IN YEAR	S LAST BIRTHDAY)		JNDER I YEAR	IF UNDER 24 HRS
female		wh	nite	Febru	ary 5,	1928	51		YRS.	THS DAYS	HOURS MIN.
7a BIRTHPLACE (STATE C	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER	ALABBIED []	9. BALTIMORE	CITY OR CO	UNTY O	DEATH	
Maryland	i	USA		WIDOWE		NORCED	Wash	ingto	n		MC
IO CITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INS	TITUTION	17a. USUAL OC			12b. KIND C	F BUSINESS OR
Hagerstow	vn	523 WE	est Fran	klin	Stree	et	(ITPE OF WORK FO	OR MOST OF WOR	KING LIFE)	INDUSTRE	
USUAL RESIDENCE (#N 130. STATE Maryland	113b COUN		GIVE RESIDENCE BEFORE 13c. CITY OR JOW Hagerstov	N	13d. INSIDE (ITY LIMITS?	13e. STREET AD	DRESS W. F	rank.	Lin St	reet
14 FATHER'S NAME FIRST Klahi	ris O.	King	LAST		15. MOTHER	S MAIDEN NA FIRST Mar	y K. G	äines		1AS	ST
16a. WAS DECEASED EV			166 SOCIAL SECU	RITY NO.	17 INFORMA			ADDRESS			
(YES, NO OR UNKNOWN) NO	(IF YES, GIVI	E WAR OR OATES)	213-24-92	211	Charl	es H. E	Brown, H	lagerst	own,	Mary]	Land
18 CAUSE OF DE	ATH Enter or	ily one couse per	line for (o), (b), on	d (c		10000				BETWEEN	MATE INTERVAL ONSET AND DEATH
PART I. DEATH	WAS CAUSE	D BY:	A	arole	ac.	ane.	21				21/4 10
4029	>	DUE TO, O	R AS A CONSEQUE	NCE OF	eand			lure		1	

	PART I. DEATH WAS CAUSED B		nest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	4029 Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF (b) Musp Cardia		6
	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF	is Essente	
NOI	PART 2 OTHER SIGNIFICANT COIL	NOITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE OR CONI	DITION GIVEN IN PART 1(0)
TIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
CER	716. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	OCCURRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)

HTMOM HOUR A.M. DAY YEAR OR CONTRIBUTING [CAUSE OF DEATH P.M. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

211. LOCATION

DEGREE

77e. ADDRESS

CITY OR TOWN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

COUNTY STATE

sow the deceased alive on above, (1) (we) (did) (did not) view the body after death

22s.1 certify that (1) (this hospital) attended the deceased from

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

23c. NAME OF CEMETERY OR CREMATORY

230. BURIAL, CRE (SPECIFY) burial

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

23d. LOCATION CITY OR TOWN April 13,1979 Cedar Lawn Mem.Park Wash Hagerstown,

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO Apr 13 13 693 6 2 - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME (TYPE OR PRINT) 1:000 authence Leroy Svown 3 SEX 6 AGE (IN YEARS LAST BUTHDAY DATE OF BIRTH 1938 Male Black Maranth HOURS TO BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED - NEVER MARRIED U.S.A. Mont. County Washington Frederick DIVORCED [IR CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12h KIND OF BUSINESS OF (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Hagerstown Washington County Hosp. Gen. Laborer Govt. N.B.S. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAITIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. COUNTY
132. CITY OR TOWN 13e STREET ADDRESS Md. 112 Ice Street Frederick Frederick 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Bunde Estelle Henry Fred Brown ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Bessie Dixon . 103 Evergreen Ct. Fred. No 214-36-153 18 CAUSE OF DEATH (Enter only one couse per line for to PART I. DEATH WAS CAUSED BY esamulivation why HE IMMEDIATE CAUSE Danchestic Conditions, if ony, which gove rise to immediate couse lot, stating underlying ONDITION GINENIN PART 118 CERTIFICATION 20h. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21f. LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 22a. I certify that [1] this hospital) attended the elecepsed from (our) opinion death accurred on the date and hour and from the causes stated view the body after death 226 SIGNATUR MEDICAL STAFF should be deto with the State IMPORTANT: PHYSICIAN 22d, PHYSICIAN'S NAME 22e ADDRESS 231 NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION (SPECIFY)Burial Fred Md. Fairview Cem. Apr. 17, Fred. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 (VR A 15 (4)) Douglas Stauffer Rt. 10 Box 66 Fred. Md.

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGISME

	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	9-10364
		CEASED NAME FIRST	WIDDLE	L	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	(,,,,,	LERO	(NMN	() C/1	NE.	4	9 79 9.00 AM
	3 SEX		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
		MAIE	W	MONTH	DAY YEAR	72 YRS	MONTHS DAYS HOURS MIN
	7a BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	1 -	9 BALTIMORE CITY OR COUNTY	OF DEATH
35	CC	Maryland	U.S.A.	WIDOWE	DI DIVORCED	WAShington	CO. MD.
70	10 CI	AGERSTOWN	11. NAME OF HOSPI	TAL, NURSING HOME C ITY, GIVE STREET ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF Carpenter	126. KIND OF BUSINESS OR
15	USUA 13a S	AL RESIDENCE (IF NURSING HOME OR ITATE 13b COUN Md W	OTHER INSTITUTION, GIVE RELATED TO SECOND TO S	ESIDENCE BEFORE ADMISSION) LITY OR TOWN MITHS SOURG	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS Rt. 1, Box	383
10	14 FA	THER'S NAME Benjamin Fr	ancis C	line	15 MOTHER'S MAIDEN N Mary	EîTie	Brandenburg
1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 S	OCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
-		no -		3-01-2393	Mrs. Orpha	M. Cline, Smithsb	urg. Maryland
Ш		IB CAUSE OF DEATH (Enter on	ly ane cause per line fo	or (a), (b), and (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE	E CAUSE (o).	Pticamia	5		3 6275
		5-996 Conditions, if ony, which	DUE TO, OR AS A	CONSEQUENCE OF		n menterrecci	Imo '
		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE OF			
	NOI	PART 2 OTHER SIGNIFICANT O	V &S CU/2		MOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIV	EN IN PART 1(0)
2	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATION	N WAS PERFORMED		S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \)
9		2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	TH 21b. TIME OF INJU		21c, HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18, P	ART I OR PART 2)
i i	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN.	JURY CTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
		22a.1 certify that (I) (this hospi saw the deceased alive an above, (I) (we) (did) (did no	4.9	death. 19 79 , on		, to 4-9 on death occurred on the date and hou	
1		22b. SIGNATURE	12.00		DEGREE ATTENDING	AMEDICAL STAFE	22c. DATE SIGNED
1		Clark C. K	ffm			MEDICAL STAFF DIRECTOR PHYSICIAN	4-9-79
1		LOJLA A A	FFmer	_ 1	1147 02/2	Hell Ave . 1-	tegerstonny
		SURIAL, CREMATION, REMOVAL	236 DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
		Burial	Apr.11,1	979 Pleasan	t Valley Cem	Smithsburg	Wash. Md
2	24. FL	INERAL DIRECTO LEVINS	2.10	COORESS	25a. D	APRI 6 1979 R 25b.	My Madrady

DHMH-16 50M 7/77 (VR A 15 (4))

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Home.

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	west settle states limited

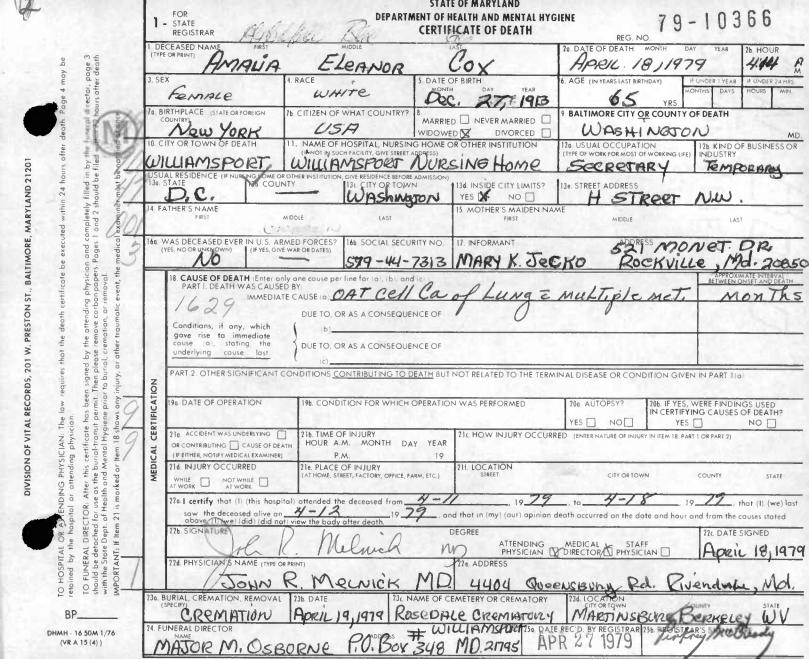
A.K. Coffman Funeral Home, Inc. Hagerstown, Md.

- STATE

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE course sucioda dominari de suril 94, 1973 4 1:15 P Temade White ten. 25, 1882 97 x usa usa usa sand aostales. soonsboro Feeders Amerial Feme misic teacher Md. Washington Hagarstown x 29 K. Washington St. Tom C. Coulent: Decinda E. M. off Lamolta average * * 220-16-3285 A. Irvin hour rederior, Ph. HERE IN THE PROPERTY AS A DESCRIPTION OF THE PROPERTY OF THE P Jan. 10 79 Augil 14 79 PART BERN CHARLES R. WIERER, M.D. BOX 173, Myersville, Md., 21773 Eurisa A-1717 Cariat's setoreed Gere Officials, Broderiot, Mat.

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STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED Alice Maom 1)9 6. AGE (IN YEARS 4 RACE 5. DATE OF BIRTH IF UNDER 7d HOUR SEX IE UNDER 24 HRS 2c. DATE PRONOUNCED April 1157 t emale YRS 70 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED THE NEVER MARRIED FOREIGN COUNTRY WIDOWED [DIVORCED Maruland ID CITY OF TOWN OF DEATH 17 IJSUAL OCCUPATION (TYPE OF WORK 11, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12h KIND OF BUSINESS OR INDUSTRY 3. RETAIN PACE SHOULD BE FILE FOR MOST OF WORKING LIFE) Hagenstown Jashinoton County Hospital Housemite Home OF VITAL RECORDS, USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13a STATE 13r CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES [NO I Manuland Washington Shannshuno PM 3. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE AND Showman *Yamison* ашалепсе 17 INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) Carl Edward Crampton Item #13 214-74-2387 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., PART I DEATH WAS CAUSED BY: BURIAL-TRANSIT PERMIT IMMEDIATE CAUSE (a) CODE E950 Suicide with solid substance hours DUE TO, OR AS A CONSEQUENCE OF (Adapin) Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND O PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 4 CERTIFICATION USED 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF YES N NO T 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY LATHOME. 211. LOCATION STREET, FACTORY, FARM FTC 1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P, AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 212 x 220. I certify that I taak charge of the remains described above, held an Inspection and in my apinian Suicide X Natural causes Accident Hamicide Undetermined manner death resulted fram: TITLE (SPECIFY) DATE May 1,197 Deputy MEDICAL EXAMINER EXAMINER'S NAMEHOWARD N. Weeks, M.D.P.A. ADDRESS Northern Ave. Hagers. MD 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION STATE Buria Moutain View Cometenu Shannsburg Washington 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-17 20M 1/73 (VR A15 ME (5)) 1979 MAY 9 Box 348 Mayor M. Osborne P.O.

Depty

11/2



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	79	-103	168
		CEASED NAME FIRST Ethel	Zoe	CULI		April 2		979	2b. HOUR M
	3. SE	female	white		ember 9,1897	6 AGE (IN YEARS LAST BIRTH	YRS.	ONTHS DAYS	IF UNDER 24 HRS HOURS MIN
75 The appropriate of the approp	P.	IRTHPLACE (STATE OR FOREIGN OUNTRY) ennsylvania ITY OR TOWN OF DEATH gerstown	USA 11. NAME OF HOSPITAL, NUI { IF NOT IN SUCH FACILITY, GIVE ST Washington Co	MARRIEI WIDOWE RSING HOME O TREET ADDRESS]	OR OTHER INSTITUTION	9 BALTIMORE CITY OF Washington 120 USUAL OCCUPATOR MOST OF HOUSEWIFE	on	126. KIND O	MD. F BUSINESS OR
medical examiner must be in	USU, 13a S Ma 14 FA	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE 8 17Y 13c. CITY OR T 1.ngton Hager Hager LAST Connell	SECURITY NO.	13d INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NAM FIRST Alice M 17 INFORMANT Mrs. Nancy H	13e STREET ADDRESS 1000 Brij AE MIDDLE MIDDLE	SS	or., Ha	1
ws any injury, ar other troumatic event	CERTIFICATION	Conditions, if any, which gove rise to immediate couse iol, stating the underlying cause last. PART 2 OTHER SIGNIFICANT I 90 DATE OF OPERATION	DUE TO, OR AS A CONSE	TO DEATH BUT		NALDISEASE OR COND	20b. IF YES,	N IN PART 110 WERE FINDING CAUSES	GS USED
PORTANI: If Ifem 21 is marked ar Ifem 18 sho	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (I) (this haspi saw the deceosed alive an above, (I)—(we) (did) (did 110) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE O	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF tol) attended the deceased from the street of the street	FICE, FARM, ETC.)	211. LOCATION 211. LOCATION STREET 19 4 d that in (my) (out) opinion of the physician (and the physician (a	CITY OR TOW	N REM 18, PAI	COUNTY	STATE that (I) (we) fost causes stoted
<u>-</u>	(BURIAL, CREMATION, REMOVAL SPECIFY) DUTIAL			EMETERY OR CREMATORY ela Cemetery	23d. LOCATION CITY OR TOWN Monongahe			STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

Minnich Funeral, Home 415 E. Wilson Blvd., Hagerstown, Md. 21740

2/		
	1.	FOR STATE
-		PEGIS

IMPORTANT: If Hem 21 is morked or them 18 shows ony injury, or other troumotic event, the medical examiner must be notified of once

should be detached for use as the burial-transit permit. Then please remove carbainpape with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-1036	9
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		REGISTRAR			CERTIFIC	TEATE OF	Jan III	REC	3. NO. 1		1 0	0 0	•
		CEASED NAME FIRST		WIOOFE	L	AST		20 DATE OF DEAT	H MONTH	DAY	YEAR	2b. HOL	JR
	litte	Jul:	La	Helen		CU	SHWA	April		979	3179		м
	3. SEX		4. RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS	OAYS	IF UNDER	24 HRS
		female	whit	te	July		1913	65	YRS			HOURS	MIN.
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVED	MARRIED 🔯	9 BALTIMORE CIT			ATH		
35	M	laryland	USA		WIDOWE	D	ONORCED [hingt		7		MD,
0		TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER IN	STITUTION	120 USUAL OCCU			KIND O	F BUSINI	ESS OR
17	H	agerstown		gton Coun		spital						Hous	ie .
	USUA 130 S	AL RESIDENCE (IF NURSING HOME OF TATE		N, GIVE RESIDENCE BEFOR		1 124 INICIDE	CITY LIMITS?	13e STREET ADDRE		AUTUM			
35			ington	Clear Sp		YES 🗌	NO 🔀	Route	_				
		THER'S NAME				15. MOTHER	S MAIDEN NAM	ΛE				SYE	
210		Richard Euc	middle	ıshwa			FIRST .T11]	lia Seib			ŁAS'	100	
h		VAS DECEASED EVER IN U.S. A	RMED FORCES?		JRITY NO.	17 INFORM		AI	DDRESS		110		
1	(Y	(IF YES, GI	VE WAR OR DATES)			Miss 1	Louise S	. Cushwa	Rt.2.	Cle	ar S	brir	na.Md.
		18 CAUSE OF DEATH (Enter of	infu one course of	ar line for (a) (b) an	id (c)							MATE INTE	
		PART I. DEATH WAS CAUS	ED BY.	Chami	/	E.A.	alina	ma			11	us	
	113	IMMEDIA	TE CAUSE (0)	Cov to rec		ence	The	mas			1	uca	
		472-	DUE TO, (OR AS A CONSEOU	ENCE OF		VV				U		
		Conditions, if any, which gove rise to immediate	(b)_										
		couse (a), stating the underlying couse lost	DUE TO,	OR AS A CONSEOU	ENCE OF								
			(c)_					The Street					
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERMI	INAL DISEASE OR (CONDITION	IVEN IN	PART 1(c	1)	
_	CERTIFICATION	190 DATE OF OPERATION	19h CONI	DITION FOR WHICH	OPERATIO	N WAS PERE	ORMED	20g AUTOPSY?	20h JE Y	ES. WER	FEINDIN	IGS LISE	D
9	FIC.	DAIL OF GERATION	170 0011	DITION TON WINCH	O L KANO	IN WASTERI	OKMED		IN CER	TIFYING		OF DEAT	TH?
6	ERT	21a. ACCIDENT WAS UNDERLYING	216 TIAAE	OF INJURY		121, HOW I	NILIBY OCCURR	YES NO		YES _	DART DI	NO [
4		OR CONTRIBUTING CAUSE OF D		A.M. MONTH D.	AY YEAR		TOOK TOCCORR	LD SEINIER INNIONE OF	BASON IN INCIN II	s, PART TOR	PART 2)		
	CA	(IF EITHER, NOTIFY MEDICAL EXAMINE		P.M.	19	NII 10CAT	10.1						17770
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE		OF INJURY TREET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCAT		CITY O	RTOWN	COL	YINL	S	TATE
		AT WORK AT WORK				1							
		220.1 certify that (I) (this has	41 -	COMP	00	22	19	, to	- 5	19	7	thot (I)	we) lost
		sow the deceased live o	ot view the bod	y ofter death.			our) opinion o	deoth occurred on t	he dote and h	25.	1000		
		22E SIGNA GRE	1	1		DEGREE	ATTENIONIC		CTAPP	27	c. DATE	SIGNED	
		(5 / Va	work	for a	Ni		PHYSICIAN [MEDICAL DIRECTOR PH	STAFF IYSICIAN		4.	-6-	79
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT]		677	22e ADDRE	SS		1.00	100			-,-
•		E. L. Hawba	ker, M.	D.		61	+5 East	First Str	eet, H	ager	stow	n, M	ld.
	23a. B	SURIAL, CREMATION, REMOVA	L 23b. DATE	23c. 1	NAME OF C	EMETERY OF	CREMATORY	23d. LOCATION		COUNT	217	40	ATE
	b	urial	Apr.9	,1979 S	t. Pau	il's Ce	emetery		Spring				
	24 FL	INERAL DIRECTOR Minn	ich Fune	eral Home			250 PA	BECON BY PEDIN	RAR 25b. R	SUPE'S	We V	C.E.	
	4			agerstown	, Md.	21740	100	11 10 1313		/		4	
	-			-					_				

DHMH - 16 50M 7/77 (VR A 15 (4))

20101-01 Chronic in The State . C. and street stores, growth year Jon

FOR STATE

event, the medical examiner must be notified at ance.

MPORTANT: If Hem 21 is marked ar Hem 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10370

	REGISTRAR		C	EKTIFICATE OF DEA	AIH	REG. N	0.	•	
	ECEASED NAME E OR PRINT)	Katherine	NMN I)agenhart	2	April 16	MONTH DAY	YEAR	10:00A
3 SE	× 'emale	4 RACE White	5.	Jan. 5,0188	9EAR	AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
	WMarket, M		A.	AARRIED NEVER MA	RRIED 9	Washingt		FDEATH	MD
Ha	gerstown	Washin	gton County		UTION I	20 USUAL OCCUPATION PROPERTY TYPE OF WORK FOR MOST OF HOUSEWIFE		126. KIND O INDUSTRY Own	Home
Ma		is home or other institution the county washington	ROPERSON OF TOWN	le YES N	0 🗍	e. STREET ADDRESS			
14. F	William	MIDDLE	Poffenbarg		Mari	on		Barne	
No	WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	N U.S. ARMED FÖRCES? (IF YES, GIVE WAR OR DATES)	217-52-753	136 36-		ittings,	700 Garagerst	num. M	d. 217/1
	Conditions, it any, gove rise to imme cause (a), stating underlying cause	which cliost. DUE TO, Co belong the lost.	Right for as a consequence	e and en in	ra 3 dero	5		10 c	MATE INTERVAL ONSET AND DEATH
CERTIFICATION	A CUO CA	ercinona	1 highest	RATION WAS PERFORM	Am		20b. IF YES, V	VERE FINDIN	art
MEDICAL CERT	21a, ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTHY MEDICAL 21d INJURY OCCURRE WHILE WORTH AT WORK	USE OF DEATH HOUR A EXAMINER) P 21e PLACE (AT HOME, S		YEAR 19 211 LOCATION		CITY OR TOW	Y IN ITEM 18, PART	1 OR PART 2)	STATE
	sow the deceased	this hospital) attended to a live on 1 - 16 and to be with a bad	- 1979	DE GREE ATT	ENDING	oth occurred on the do	F	nd from the	
	JUSEP 1		MDARI	22e ADDRESS		Bo Ro 2			4.3
	BURIAL, CREMATION, RI	236. DATE		ersville Ce		23d. LOCATION CITY OR TOWN Rohrersy	ille I	ounty No eh	Co Md

DHMH - 16 50M 1/76 (VR A 15 (4))

John Bast, Jr.

4-18-79 Boonsbores Maryland 21713

Rohrersville Cemetery

Rohrersville, Wash. Co.,

	1		2 4 -		3 T
401 J.G	PALASS.	£ 1.26	Little English		morn tag
				part où	a lasty
202-176		maktanis	CI	in Pari	and COL
San	inga, licoli Lagran	MM point.	ATT COLEVE	-119	
0				No.	
		1-11-1			
			Medi	12.	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeum Herrini bage 3 should be detached for use as the busial-stransis permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 12 th or after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	F 5	- 0 >

			ems #18b&1 FOR STATE REGISTRAR	.Bc Fil	Lm G531		MENT OF H	OF MARYLAND EALTH AND MENTAL HYC CATE OF DEATH	GIENE REG. N		037	1
y be ge 3 eath			CEASED NAME OR PRINT)	George		Herbert		OMER	20. DATE OF DEATH April		1979	2b. HOUR
ge 4 may		3. SE	Male	4	RACE Whit	te	5. DATE O Dec.		6 AGE IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
death. Par	35	M	RTHPLACE (STATE OR FO		τ	WHAT COUNTRY?	WIDOWE		BALTIMORE CITY O	hingt		MD.
rs after of by the fu	79		TY OR TOWN OF DEA					y Hospital	(Type of work for most of Maintena	ION OF WORKING LIFE .NCE	126. KIND O INDUSTRY ELec	tric
filled in	e Base pe	13a S	AL RESIDENCE (IF NURS TATE aryland	ING HOME OR OF OT OT OR OF OR OT	ther institution y ngton	GIVE RESIDENCE BEFOR 13c CITY OR TOW Hagersto	N I	13d. INSIDE CITY LIMITS?	136. STREET ADDRESS 816 Antie	tam Di	rive	
ed withir mpletely and 2 sh	O/Comine	14, FA	THER'S NAME George	MIE	DDLE	Domer		15 MOTHER'S MAIDEN NA FIRST Florence	MIDDLE		Kend	all
	medical		VAS DECEASED EVER (ES, NO OR UNKNOWN)	IN U.S. ARMI I IIF YES, GIVE W		166 SOCIAL SECU 214-10-3		Mrs. Leola E	ADDRI E. Domer, Ha		own,Mar	yland
the death certificate the attending physici remove carbon paper emotion, or removal.	ather traumatic event, th		PART I. DEATH W	MAS CAUSED IMMEDIATE which nediote g the	BY: CAUSE (a)	has and seed	mbol i	sm celebral section () cerebyal ath	arty neroscleros	is	5-8	MATE INTERVAL DISSET AND DEATH
aw requires been signe rmit. Then p	shaws any injury, ar	CERTIFICATION	PART 2 OTHER SIGN	Cyl o	Uhr	ONTRIBUTING TO	OPERATION	NOT RELATED TO THE TERM Decleb N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES	, WERE FINDIN	GS USED
PHYSICIAN: The Inding physician. This certificate has e burial-transit per definition of the period	d ar frem 18 sh	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRI	CAUSE OF DEATH ALEXAMINER)	P. 21e. PLACE	M. MONTH D.	AY YEAR 19	21c. HOW INJURY OCCUR 211. LOCATION STREET	RED JENTER NATURE OF INJU		COUNTY	STATE
OR ATTENDING PHYSICIAN: he hospital or attending physician DIRECTOR. After this certificance oched for use as the burial-transport of Health and Mental Hype Dept. of Health and Mental Hype	If Item 21 is marked	4	WHILE NOT WE AT WO 220. I certify that (I) sow the decease obove, (I) (we) to 22b. SIGNATURE	(this hospito	1) attended the	e deceased from_	Jul 19. oh	d that in (my) (our) opinion	death occurred on the d	FF	,	
TO HOSPITAL OI retained by the TO FUNERAL DI should be detach with the State De	MPORTANT		22d. PHYSICIAN'S NA	sike	n Jr	mo		PHYSICIAN 4 220 ADDRESS 1450 HAGE	v. Wash	mpi.	dr 21	741
BP	_		urial, Cremation, SPECIFY) Burial		Apr.17	,1979 Re	st Ha	ven Cemetery	23d. LOCATION CITY OR TOWN Hagerstow	n, Was	sh., Ma	ryland
DHMH - 16 50M 7/77 (VR A 15 (4))	7	24 F	DE Wilson	Minnic n Blvd	h Fune .,Hage	ral Home rstown, M	iaryla	nd 21740	APR 1 9 197	25b. REGIST	AR'S SIGNA	Crody

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filed within 72 hourselt with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other troumatic event, th

executed within 24 hours ofter death. Page 4 may be

FOR
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STATE OF MARYLAND

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1	7	-	1	U	0		-	

	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL H	YGIENE 79-10312 REG. NO.
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
9	Carro	11 Roscoe	Eaton	April 20, 1979
	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
ì	Male	White	5-12-1899 YEAR	79 YRS. MONTHS DAYS HOURS MIN.
į,	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY OF DEATH
	laryland	USA	WIDOWED DIVORCED	Washington MD.
2	Hagerstown	(IF NOT IN SUCH FACILITY, GIVES	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) OME for Aging	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Painter Dainting Painting Pai
5	USUAL RESIDENCE (IF NURSING HOME OF 136, STATE 136, COU		TOWN 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS High St.
Ī	14. FATHER'S NAME		15 MOTHER'S MAIDEN	
1		lenry Eator		Mae Wastler LAST
ı	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	SECURITY NO. 17 INFORMANT	le Georgia Ave.
ì	no	214 1	6 0033 Pauline S	haron Hagerstown, Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSI	EQUENCE OF	teriosclerosis 445. +:
Ī	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
1	OR CONTRIBUTING CAUSE OF DE	P.M.	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
	sow the deceased alive a	n April 9	7 4	n death occurred on the date and hour and from the couses stated
	224 PHYSICIAM'S NAME (TYPE	Hym	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 220. DATE SIGNED
	LIOY A	HOFFn	nev 214H. Pot	omecst. Heger stour me
	23a. BURIAL, CREMATION, REMOVA		23c. NAME OF CEMETERY OR CREMATOR	CITY OR TOWN COUNTY STATE
	Burial	4-23-79	Rose Hill Cemete	ry Hagerstown, Maryland

BP.

retained by the hospital or offending physicia

DHMH - 16 50M 7/77 (VR A 15 (4))

24. FUNERAL DIRECTOR

Gerald N.

Minnich

305 ANRES Potomac St. 250 DATE REC'D. BY REGISTRAR'S SIGNATURE Hagerstown, Maryland APR 30 1979

79-10:72					
The server .	OF 1170A	ton de	id pages off	Llurad	
	54	12-1699	-Bi 5.Jili	we sign	
	ogninsa.				onslyted
prince to	fadoung	enigh to	smok namine	T I nund	вацран
. Jū na	18	X	n of a tegolinos	paurisel or	ICLY ZON
			modaling		
. dut etggon					
THE RESERVE	and warning or di	A Series			
	e de la companya de l				

STEDI-2 De a Carera Cours de la large + 1817 e an Edward G. M. E. M. D. V. D. Lewis L. M. States M. M. Parket . PTP 8 194

\$ T 6 0 ! - E 1

BP. DHMH - 16 50M7/77 (VR A 15 (4))

MPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be natif

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10375

	1-	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HY	GIENE REG. NO	1 0	-103	175
		Concession	rrst 1ry	Ellen		ELBERGER	20. DATE OF DEATH April		Y YEAR	2b. HOUR
	3. SEX	Female	4 RACE Wh:	ite	S. DATE C	Y 8 PAY 1909 FAR	6. AGE (IN YEARS LAST BIRT		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
35		RTHPLACE (STATE OR FORE DUNTRY) aryland	U.S		WIDOWE		9 BALTIMORE CITY O Washin	_	OF DEATH	MD.
79	H	ty or town of death agerstown	Washi	ngton cot	inty Ho	or other institution ospital	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O			tal
35	13 M	-	ashington	Hagerst		13d INSIDE CITY LIMITS?	13: 125 East	Frankl	in Str	eet
211	14. FA	George	R.	McGowan		15 MOTHER'S MAIDEN NA Emma	WIDDLE		Pierc	e
1	16a V	VAS DECEASED EVER IN (ES, NO OR UNKNOWN)	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	212-24-		Mrs. Isadora	Madden, Hag		n, Mar	yland
2	CERTIFICATION	18 CAUSE OF DEATH PART I. DEATH WAS LA Conditions, if ony, v gove rise to immercouse (a), stating underlying couse PART 2. OTHER SIGNIF	OR AS A CONSEQUENCE ON TRIBUTING TO	UENCE OF	y arter y arter y arter NOT RELATED TO THE TERM N WAS PERFORMED	dis disease or contact of autopsy?	20b. IF YES,	N IN PART 1(0) WERE FINDING CAUSES	GS USED	
9	MEDICAL CERTIF	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	USE OF DEATH HOUR	OF INJURY A.M. MONTH I	DAY YEAR	21c. HOW INJURY OCCUR			T 1 OR PART 2)	NO [
1	ME	WHILE NOT WHILE AT WORK 220. I certify that (I) XI 170. STATE OF THE	X XXXXII attended Ne on view the boo	xailer doma.	2	22e ADDRESS	MEDICAL STAI DIRECTOR PHYSIC	ote and hour of	22c. DATE 1	ril, 79
-	23a B	Richard T. BURIAL, CREMATION, RE SPECIFY) BURIAL			. NAME OF C	1135 Potoma	23d LOCATION		, Md.	21/40 STATE
			1 1	7,1979 S	Sample Man	Manor Cemete		-	Control of the contro	Maryland

Minnich Funeral Home

415 E. Wilson Blvd., Hagerstown, Md. 21740

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77 (VR A 15 (4))

- STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-103 CERTIFICATE OF DEATH REG. NO

1979

INDUSTRY

YES |

250. DATE REC'D. BY REGISTRAR 2510 REGISTRAR'S SIGNATURE

COUNTY

22c. DATE SIGNED

STATE

STATE

IF UNDER 24 HRS

126 KIND OF BUSINESS OR

LAST

STATE OF MARYLAND

	STATE	155.00	
	THE REAL PROPERTY.		
poper dia-			
	garanta f		
LONG ST	31.6		
3.195.7	7. 75		
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must be natified at ance.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.	,	
		CEASED NAME OR PRINT)	First Eusta		Boyd	FITZ	GERALD	20. DATE OF DEATH April 17	MONTH DAY	YEAR	26. HOUR 7:00A M
		3. SEX 4 RACE White				5. DATE (b. 10,1896	6 AGE (IN YEARS LAST BI		UNDER I YEAR	HOURS MIN.
3	Sp	RTHPLACE (STATEO	, Va.	U. S	A.	MARRIE		9 BALTIMORE CITY Washingt	ton		MD.
0	На	ry or town of C gerstown		Clea	HEACHLITY, GIVE STREET LIVIEW NU	rsing	Home	(TYPE OF WORK FOR MOST Enginee)	OF WORKING LIFE)	Rail	road
5	USUA 13a S Ma	TATE TYLAND	URSING HOME O USL COUL Wash	ROTHER INSTITUTION NTY ington	GIVE RESIDENCE BEFOR	re admission)	134 INSIDE CITY LIMITS?	13e. SIREEI ADDRESS			
10	14 FA	THER'S NAME FIRST DO	nald	MIDDLE Fit	zgerald		15 MOTHER'S MAIDEN NAME FIRST	Mary		emake	51 r
1	NC NC	/AS DECEASED EV ES, NO OR UNKNOWN)	ER IN U.S. AF	RMED FORCES?	705-10-1		Mr. Elwood F	itzgerald,		lis Av	e. Pa
G	CERTIFICATION				CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER.			200 AUTOPSY?	20b. IF YES, V	WERE FINDI	
7	CERTIFI	21a ACCIDENT WAS	T WAS UNDERLYING 21b. TIME OF INJURY				21c. HOW INJURY OCCUR	YES NO	YES		NO 🗍
1	MEDICAL	OR CONTRIBUTING [(IF EITHER, NOTIFY ME 21d INJURY OCC WHILE NO	DICAL EXAMINER URRED	P. 21e. PLACE	M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE,	19	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
		270.1 certify that (I) (this hospital) attended the deceased from									
ij		226. SIGNATURE	W/O	Bone,	MD		ATTENDING PHYSICIAN (AFF ICIAN 🗌	44	17/79
1		√ J.	D. Wil	son, M.		885		rn Ave., H	agersto	wn, Mc	1. 21740
		BURIAL, CREMATIC		23b. DATE 4-20-			rmel Cemetery				sta, Va.
	24 F	John H.	Bast,	Jr. Boo	nsboro,	Md. 2	4 4	PR 20 1979	300	AR'S SIGMA	## A

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has bei

ice: a get .	Title.		ЭС,	30 Malie	
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			ar versal a	ž Jano	0
		Town T up	41+101-201		0
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The section	il one to	100000		meril .	
, white .175 t	r of Basil.	Pincola / 25c	10-10-100	Calmi	-Lambine
	19181 6 3 8 S	A	January and Market	The grant .	

Rest Haven Funeral Chapel, Inc., Hag.,

STATE OF MARYLAND

NOON

NO F

STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR

· Aller		
Ja/53 1	1/2	2
A September	1	5
Wall and	8	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10379

		FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	REG. NO	1 0	031	7 9				
		CEASED NAME OR PRINT) Le	o Marc	cellus		LBERT	March 7,		YEAR	26 HOUR				
3.			4 RACE white			st 14, 1919				HOURS MIN.				
35	CO	RTHPLACE (STATE OR FORES DUNTRY) aryland	USA	F WHAT COUNTRY?	MARRIE WIDOWE	D M NEVER MARRIED DIVORCED	Mashing		DEATH	MD.				
79	На	TY OR TOWN OF DEATH agerstown	Washin	och Facility, GIVE STREET	address)	spital	(TYPE OF WORK FOR MOST OF Custodian		th KIND OF NOUSTRY furni	ture				
2 4	30. S1		home or other institution COUNTY ashington	136 CHTY OR TOW Hagerst	N	13d. INSIDE CITY LIMITS? YES NOX	13e STREET ADDRESS 108 Hol	Lywood I	Road					
210		THER'S NAME FIRST Max Gil		LAST		15. MOTHER'S MAIDEN NA. FIRST Mamie	Criner		LAST					
1 10	160 WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GIV		Ü.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	212-14-6		Mrs. Pauline	E. Gilbert			Md.				
	NO		diote the DUE TO, (c)	OPAS A CONSEQUE	prac	NOT RELATED TO THE COM	NINAL DISEASE OR CONL	DITION GIVEN II	N PART 1(0)					
9	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	G CAUSES C					
	₹ V	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL E	USE OF DEATH HOUR A	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)					
		MED				21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	(AT HOME,	E OF INJURY STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N C	79	STATE
+		Chal	olive on) (d d not) view (he bac	C		nd that in (my) (cor) opinion DEGREE ATTENDING PHYSICIAN [deoth occurred on the do	F		ouses stated				
1 2	73n B	22d. PHYSICIAL'S NAM	WASSH	4L M	NAME OF C		23d LOCATION	HAGE	RSTOW	N, Md				
	bu	irial	March	10,1979	Leite	ersburg Cemete	ry Leiters	hura Was	sh Ma	buelvan				

DHMH - 16 50M 7/77 (VR A 15 (4))

415 E. Wilson Blvd.,

Hagerstown,

BP.

TO HOSPITAL

01001-0 Carlin F. Come any accord Court Myran hall between laser LINE TO BE STORY 18 ST PROBER LA LA PROPERTIEND 418

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH (TYPE OR PRINT) clyde William 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) White Dec. 6. 1907 Male 70 BIRTHPLACE (STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Keedysville, Md. U. S. A. Washington IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17h KIND OF BUSINESS OR Stock Dealer Live Stock Hazerstown COUNTY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Hagerstown 13e STREET ADDRESS Box 9 Washington 13d. INSIDE CITY LIMITS? Maryland NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Griffith E. Myers Raleigh Mary A. ADDRES 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT Rfd. 9 Box 9 I (IF YES, GIVE WAR OR DATES) 215-82-9475 Mrs. Mary C. Griffith. No. Hagerstown, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to Inferior Vena Cava 2 WKS Thrombothis of Conditions, if ony, which couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost years SHI PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? pe NOD YES 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 10 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY OFFICE FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 4/2/ obove, (I) (we) (did) (did not view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING . MEDICAL * PHYSICIAN DIRECTOR | PHYSICIAN MPORTANT: 22d. PHYSIC 77e ADDRESS ould by VIVETNIA. KANG 23a BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY Hagerstown, Wash. Co.. Birtal 4- 24-79 Md Rest Haven Cemetery BP. 24. FUNERAL DIRECTOR 250. ANT RCO. BY 154 SUAR 256 PROSPERINGS CONT DHMH - 16 60M 1/75 John H. Bast. Jr. Boonsboro, Md. 21713 (VR A 15 (4))

STATE OF MARYLAND

Market St. Committee of Carlot

The second state of the second Kentypyalllog Mit. Jan. S. e. THE DOLLAR n.L. eleka Artitet ordela els-ac-all ere. Mary L. artista .. Treamed at Bil. The Carte Committee of the Committee of

completely filled in by the funeral director.

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, ar other traumatic event, the medical examiner must be notified at ance.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cai should be detached for use as the burnal-transit permit. Then please remove carbonpapers. Pages 1 with the State Dept, of Health and Mental Hygiene prior to burnal, cremation, ar remaval.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the haspital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10382

G4	1	STATE REGISTRAR			CERTIF	ICATE OF D	PEATH	REG. NO.				
	I. DEC	CEASED NAME FIRST		MIDOLE	· ·	AST		20. DATE OF DEATH	HING	DAY YEAR	2b. HOL	JR
M	(ITPE	Herbei	ct H	larms	GUT	HRIE.	SR.	April	9.	1979	1 6	PM
-	3. SEX		4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST BIRTHD	AY)	IF UNDER 1 YEAR	IF UNDER	
1	ma	ale	whi	te	May			81	YRS.	MONTHS DAYS	HOURS	MIN.
	7a. BII	RTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8			9 BALTIMORE CITY OR		TY OF DEATH		
75	_	ountry) nnsylvania	USA		WIDOWE	D NEVER A	VORCED	Washington				MD
		TY OR TOWN OF DEATH		HOSPITAL, NURSIN				120 USUAL OCCUPATION		126. KIND O	F BUSIN	MD. ESS OR
79	На	garatar.n	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)			(TYPE OF WORK FOR MOST OF V			1	. 7
- 1		gerstown AL RESIDENCE (IF NURSING HOME OF		ton Count		spital		boiler make	r	Ial	lroa	id
25	13a S	STATE 136 COU	VTY	13c. CITY OR TOW		13d INSIDE C	ITY LIMITS?	13e STREET ADDRESS				
00			ington	Hagersto	own	YES	NO 🗌	1151 Kuhr	Av	enue		
	14. FA	THER'S NAME FIRST	WIDOLE	LAST		15. MOTHER'S	S MAIDEN NA	WE		LAS	T	
211		James U. Gra	ant Gut	hrie			Nan	cy Ellen M	i11	er		No.
1		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17, INFORMA	INT	ADDRES	,			
	(1	NO NO	E WAR OR OATES)	705-10-	6575	Gra	ice G.	Guthrie,	Hag	erstown	1 . N	16
		18 CAUSE OF DEATH (Enter or	du nos sauce nes								MATE HITE	FVAL
		PART I. DEATH WAS CAUSE	D BY.	- A 1		Ti H.	.71	Desarra		-	retty	National Control of the Control of t
		A CONTROL CAUSE IN										
		Conditions, if any which									1	
		Canditians, if any, which gove rise to immediate	(6)_	Neade	45//	ceren	~			yes	23	
	- 1	couse (0), stating the	DUE 10. 9	AS A CONSEQUE	NCEOF	. 0	,			1		
		underlying cause last.	l set	Olniso	luge	do	Nervo	relvous		1 gr	40	
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH UT	NOT RELATED	TO THE TERM	INAL DISEASE OR CONDI	ION G	IVEN IN PART TO)	
	CERTIFICATION	Disbette	e 6 am	your b	with	fut	1000					
	CAT	190 DATE OF OPERATION	196. 20NO	NON FOR WHICH	OPERATIO	WAS PERFO	RMED	200 AUTOPSY?	06. IF Y	ES, WERE FINDIN	IGS USE	D
2	JE.	2/1/79 3/7/7	9 Dea	better gan	quen	e both	- feet	YES NOTA		YES []	NO T	
9	ER	210. ACCIDENT WAS UNDERLYING	21b. TIME C		()	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJURY I	N ITEM 18	, PART 1 OR PART 2)		
1		OR CONTRIBUTING CAUSE OF DE	AIN	M. MONTH D		1 1 1 1 1 1						
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	21e PLACE	M. OF INJURY	19	21f LOCATIO	ON					
	ME			REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TOWN		COUNTY	5	TATE
371		AT WORK			14. 0	0/ 16:20	7	0	5	. 76		
	63	22a I certify that (I) (this hasp	/)	e deceased from	19	4 17 /	L, 19	ta	7		that (I) (
	120	saw the deceased alive or obove, (1) (did not	Trylew the bady	after death.			Tom opinion o	death occurred an the date	ond ho			
		226. SIGNATIONE	1 1-1			DEGREE	ATTENIONIO (1 AFDICAL STAFF		22c. DATE	SIGNED	
	150	John a	. Mora	in		MX'	PHYSICIAN	MEDICAL STAFF	N	4/10	0/79	7
A SE	30	22d. PHYSICIANS NAME (TYPE C	OR PRINT)			22e ADDRES			_	01		
1		DOHN	A IVIA	RAN	MAD	215	W. W.	ISHINGTON	13	T. HAGA	PRST	MANO
	23a. P	BURIAL, CREMATION, REMOVAL	23b. DATE	230 1	NAME OF C	EMETERY OR		23d. LOCATION				
	bi	SURIAL, CREMATION, REMOVAL SPECIFY) 1 Tial	Apr 1	2,1979				CITY OR TOWN		COUNTY	3	TATE
	-					UTITI C		Hagersto	WD .	wasn V	ary.	and
	1.6	5 E Wilcon Di-		eral Home	2		1	IPR 1 6 1979	1	rotrally	-6770	4

415 E. Wilson Blvd., Hagerstown, Md. 21740

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		r in the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20. DATE OF DEATH (TYPE OR PRINT) Naomi K. Hade April 1979 6:00 AM 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER 1 YEAR 1896 Female White Feb. TO BIRTHPLACE ISTATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Washington Co. Penna. WIDOWED DIVORCED [O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Williamsport Williamsport Nursing Home Teacher Scholl: USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? L Washington St. Franklin Greencastle YES TO NOF Penna. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Hade Stover Joseph Anna ADDRESS 223 Pheasant Trail 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT (YES. NO OR UNKNOWN) Hagerstown, Md. 009-03-9519A Joseph S. Hade 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY: mon IMMEDIATE CAUSE (a) OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO X YES [NO F 210 ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on and that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave, (1) (we)(did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN A DIRECTOR PHYSICIAN [MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Byrl Johnson hhOh Queensbury Rd., Riverdale, Md. 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE LOUNTY 4/21/1979 Green Hill Butial Wavnesboro 50 S. Broad St 1250. DATE PE DHMH - 16 60M 7/73 Waynesboro, Pa. (VR A 15 (4))

111-01 Toll your mides Translation of the second of t A Bar Carl A TOTAL SHOP AND A STATE OF A SECOND ・ M 作品を下され来。 = このでは、2年 Feb J Feb Infer Some . Bit (afalomete (, v. m. la bro. 422) TIL NO BEGIN 13.78 . The second second

		FOR
1	-	STATE

STATE OF MARYLAND

1 - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. N		0385
1 DECEASED NAME FIRST (TYPE OR PRINT) Lester	Charles	Hamby		MONTH DAY YEA	2b HOUR
3. SEX Male	White	January 1, 190	6 AGE IN YEARS LAST BIR		YEAR IF UNDER 24 HRS. DAYS HOURS MIN
76. BIRTHPLACE (STATE OR FOREIGN Maryland	U.S.A.	MARRIED ₩ NEVER MARRIED WIDOWED DIVORCED	-	ton County	
Hagerstown	Rt. 4, Box 25	ng home or other institution 53, Broadfording		F WORKING LIFE) INDUS	ngborn
Maryland Was	or other institution give residence before hington Hagers middle Hamby	TEADMISSION Church Rd. Stown 13d INSIDE CITY LIMITS? YES NO STEEL NO STEEL STREET 15. MOTHER'S MAIDEN N Susie	Rt.4, Bo		padfording
160 WAS DECEASED EVER IN U.S. A IYES, NO OR UNKNOWN) IFFYES, GI		urity no. 17. INFORMANT -5325 Dorothy Ha	ADDR	Box 253	
Canditions, if any, which gove rise to immediate cause to! stating the underlying cause last PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO		minal disease or con	DITION GIVEN IN PAR	ττ 1(o)
SEVERE 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIT IN CERTIFYING CALL YES	
TIO. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI IFE EITHER, NOTIFY MEDICAL EXAMINE OF THE CONTRIBUTION OF WHILE AT WORK AT WORK	LAIN .	19 211 LOCATION	RRED (ENTER NATURE OF INJU		T 2) STATE
sow the deceased alive a	pital) attended the deceased from 10/3 19 19 19	78 , and that in (my) (aur) apinion DEGREE ATTENDING	n death occurred an the d	27c. D	the couses stated ATE SIGNED
226. PHYSICIAN'S NAME (TYPE Otto Roza, M		22e. ADDRESS	eadow Drive,	上 有发生的	n, MD
Burial, cremation, remova	4-25-79 Re	NAME OF CEMETERY OR CREMATORY est Haven Cemet	ery Hagers	stown, Wa	sh., Md.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

DHMH - 16 50M 1/76 (VR A 15 (4))

MPORTANT: If Item 21 is marked or Item 18 shows any

Rest Haven Funeral Chapel, Inc., Hag.,

Rest Haven Cemetery Hagerstown, "Wash., Md. STRAR 236 REGISTUR'S SIGNATURE Creaty Md APR

injury, or other troumatic event, th

IMPORTANT: If them 21 is marked or them 18 shows any

Wilson Blvd., Hagerstown,

STATE OF MARYLAND

	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	19-10300
-	I. DECEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
1. DEC (TYPE 3. SE) 70. BII 70. CI 7	(TYPE OR PRINT) Roger		HARSHMAN	April 19, 1979 7240 m
1	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER A HRS
	male	white	December 29, 1912	
2	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	** MARRIED X NEVER MARRIED C	9. BALTIMORE CITY OR COUNTY OF DEATH
1	Maryland	USA	WIDOWED DIVORCED	- 1 T.7 3 - 3 - 4 - 1 - 1
d	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION ET ADDRESS)	120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
/	Hagerstown	Washington Cou	unty Hospital	sand blasting
5	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COU Wash	prother institution, give residence before the state of t	WN 13d. INSIDE CITY LIMITS?	Route 1, Box 96
1	14. FATHER'S NAME		15 MOTHER'S MAIDEN N	NAME
2	J. Emory	Harshman LAST	FIRST Mo 7 7	MIDDLE LAST
ä	160 WAS DECEASED EVER IN U.S. A		CURITY NO. 17 INFORMANT	ADDRESS
		220-10-3		Harshman, Smithsburg, Maryland
1	IS CAUSE OF DEATH (Enter of	anly one cause per line for (a), (b) o	and ichil Plana And In A. A.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS	ATE CAUSE (a)	, wyochalar	machine
	410-	DUE TO, OR AS A CONSTQU	otreselas la la la	1 thet I kent.
	Conditions, if ony, which gove rise to immediate	(b)	1811011010	Cyrul from
ı	cause (0), stating the underlying cause last.	DUE TO, OR AS A CONSEO	UENCE OF	
1	2	A-		
	NO PART 2 OTHER PROPERTY.	Y TUPING TO	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	19a DATE OF OPERATION	19. CONSITION FOR WHIC	HOPERATION WAS PERFORMED	200 AUTOPSY? 200 HEYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
ø	1 1			YES NO YES NO
				JRRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19	
		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
	229 Legetify that (1) (this base	pital/attended the paceosed from	hat20 1076	, to 174-74, 19 , that (1) (we) lost
		n 19 19 19 19	G	on death occurred on the date and hour and from the causes stated
1	22b. SIGNATION	1 dedin.	DEGREE	22c. DATE SIGNED
	000 Cu	yady	ATTENDING PHYSICIAN	MARDICAL STAFF DIRECTOR PHYSICIAN
1	22d. PHYSICIAN'S NAME (IMPE	Allegha .	38f Jones	In Olsesfard, Engolupt-
	23a BURIAL, CREMATION, REMOVA	1/	NAME OF CEMETERY OR CREMATORY	Y 23d. LOCATION CITY ORTOWN COUNTY STATE
	burial		Rose Hill Cemetery	Hagerstown, Wash, Maryland
		nnich Funeral Ho		ATE REC'D. BY REGISTRAR THE RETHAN'S SENATURE
		vd., Hagerstown,		בופו פאווי

DHMH - 16 50M 7/77 (VR A 15 (4))

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must be notified at anc

injury, ar other traumatic event, the medical examiner

STATE OF MARYLAND

10207

	1-	STATE REGISTRAR			DEPARTA	CERTIF	ICATE OF DEA	TH		G. NO.	3-10	50	
		CEASED NAME OR PRINT)	Evel		Alaine		HATFIE	LD	20. DATE OF DEA Apri	1 23,	1979	2b. H	OUR
	3. SE	female		4 RACE White	9	5 DATE C		YEAR 9	6 AGE (IN YEARS LA	ST BIRTHOAY)	MONTHS DA		DER 24 HRS
3.5	CC	RTHPLACE (STATE O	DR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIES WIDOWE	NEVER MARI	RIED CED	9 BALTIMORE C	TY <u>OR</u> COUN hingt			MD
19	На	ty or town of i gerstow	'n	Wash:	HOSPITAL, NURSIN H FACILITY, GIVE STREET ington (Count			12a USUAL OCCU		LIFE) INDUST	BY	INESS OR
5	130 S Ma	ryland	136 COU		13c CITY OR TOWN Hagersto	N	Lund		130 STREET ADDR	Lo, Box	86		
2/			la Kl		LAST		IS. MOTHER'S MA		R. Wol			1AST	
1	(1	VAS DECEASED EV ES, NO OR UNKNOWN) NO		E WAR OR DATES)	220–26–23		Mr. Ma	rvin :	A Hatfiald	, Hager		Md.	
79	CAL CERTIFICATION	Conditions, if or gove rise to couse (o), ste underlying co PART 2. OTHER S 18. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY ME	I WAS CAUSE IMMEDIA The state of the state	DUE TO OF	FINJUIN M. MONTH DA	NCE OF	WAS PERFORME	D	NATDISEASE OR 200 AUTOPSY? YES NO ED (ENTER NATURE O	20b. IF Y	GIVEN IN PART (ES, WERE FIN TIFYING CAUS	DINGS U	SED
	MEDICAL	21d INJURY OCC WHIE NAT AT WORK NAT 22a.1 certify that	T WHILE WORK	is the factor of	EET, FACTORY, OFFICE, F	20		NDING /	_, to 1-2	STAFF	,	_,,	
	bu	URIAL, CREMATIC SPECIFY) Irial		April 2	7,1979 St		emetery or creations churc	h Cem	23d LOCATION CITY OR TOWN WOLFS	ville, F	red.	Mary.	Land
	24 FL	15 E. Wi	Minn: Lson B	ich Fune lvd., Ha	ral Home gerstown,	Md.	21740	250.	R3 0 197	9AR 256. R	STAR'S SY	C. C.	dy

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been signed by the atten should be detached far use as the burial-transit permit. Then please remave cowith the State Dept. at Health and Mental Hygiene prior to burial, crematian,

MPORTANT: If Hem 21 is morked as Hem 18 shaws ony

		1 -	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYD ICATE OF DEATH	GIENE REG.		103	88
. e.e		I. DEC	EASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH			2b. HOUR
ay be age 3 death			Herbe		Eugene		ys, Sr.	April :			8.30 + M
e 4 may		3. SEX	male	4 RACE Whit	te	S. DATE C		6 AGE (IN YEARS LAST I	M	ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
Page I direction	2	CC	THPLACE (STATE OR FOREIGN UNTRY)		WHAT COUNTRY?	8	D ☑ NEVER MARRIED □	9. BALTIMORE CITY	_	OF DEATH	
deat	20		aryland	USA		WIDOWE		Washi	-		MD
office of with	00		lliamsport	(IF NOT IN SU	HOSPITAL, NURSIN CH FACILITY, GIVE STREET 1, Delling	ADDRESS)	DR OTHER INSTITUTION	Tre USUAL OCCUPA (TYPE OF WORK FOR MOS carpente	T OF WORKING LIFE	12b. KIND O INDUSTRY	OF BUSINESS OR
man dien		USUA	L RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	N, GIVE RESIDENCE BEFOR	ADMISSION)					
A September	38	130. S		shington	Williams		136 INSIDE CITY LIMITS?	Route 1,		5 Mmcr	t Ma
1	-		THER'S NAME	<u>imigwii</u>	I MITITATIO	POLL	15. MOTHER'S MAIDEN NA	AME	DOX 23.) VALUES	oc., Pa
TIM	210	1./	FIRST	MIDDLE	LAST		Josephine	MIDDLE	archt	LAS	ST .
LIL			as DECEASED EVER IN U.S.		Hays	RITY NO.	17 INFORMANT		RESS		
100				IVE WAR OR DATES)	214-09-		Helen C.	Hays, Wil	lliams	port,	Md.
of person			18. CAUSE OF DEATH (Enter	anly one couse pe	r line for (a), (b), an	d (c).)	/	7		BETWEEN	MATE INTERVAL ONSET AND DEATH
ta da			PART I. DEATH WAS CAU	SED BY: ATE CAUSE (a)	Ca	Ken	ona, l	ungs		ore.	rowh
de de ca		14	1629		OR AS A CONSEQUE	NCE OF		U			
Ne co			Canditions, if any, which	((b)	N AS A CONSCOOL						
y the o			gave rise to immediate couse (a), stating the underlying cause lost	DUE TO, C	OR AS A CONSEQUE	NCE OF					
gned b n pleos burial,			PART 2 OTHER SIGNIFICAN	CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CO	NDITION GIVE	N IN PART 1(c	0)
The or to		OF I	er pu	hugha	le Chi	con	i brone	huti			
has been price ene price	2	CERTIFICATION	3/29	196 COND	the which	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES	NGS USED OF DEATH?
physics physics thicate stransit	7	CER	210. ACCIDENT WAS UNDERLYING			VEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF IN	JURY IN ITEM 18, PA	RT 1 OR PART 2}	
ending physical this certifical be buriol-tran	0		OR CONTRIBUTING CAUSE OF E	EAIR	.M. MONTH D.	AY YEAR	Harris St.				
ading physic and buriel-trans		MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATION				
the the		¥	WHILE NOT WHILE AT WORK	[AT HOME, ST	TREET, FACTORY, OFFICE, F	ARM, ETC.}	21KEE1	CITY OR T	DWN	COUNTY	STATE
Aff.			220.1 certify that (I) (this has	pital/attended/il	he deceased from	100.	19 64	10 April	1 30	9 19	that (I) (we) last
CTOR:	2		saw the deceased alive above, (I) (we) (did) (did	. / 1 / 2	7 64	79 . 01	nd that in (my) (aur) apinion	death occurred on the	date and haur		
e has DIREC			226. SIGNATURE	NP			DEGREE			22c. DATE	SIGNED
£ 7 + 0 +			Gelsein	TIL	ue		ATTENDING PHYSICIAN	MEDICAL ST	AFF SICIAN [141	179
etained by to FUNERAL should be defined by the State	1		GCOR/A		PURA		382 S. Cle	uelond	Hag	resta	uz
retain TO F shoul		23e B	URIAL, CREMATION, REMOVA	AL 23b. DATE	23c 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
3P		bi	PECIFY) Irial	May 4			Haven Cemet	erv Hagers	stown, Wa	ash. Ma	arvland
			NERAL DIRECTOR Minn					The second second	R 25b. REGISTR	CH'S SIGNAS	A.L.
- 16 50M 7/77 R A 15 (4))		41	5 E. Wilson Bly	id. Hage	and Aboress	7 . PM		1AY 7 1979	prog	4	and and
			- TANITTOOL DI	as , inge	TO COMITY I	AL - 4.	1110			-	

should be filed within 72 hours of

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offending physicion and c lave corbanpapers. Pages

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept-of Health and Mental Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN: The low

retained by the hospital or

TO HOSPITAL

MPORTANT: If Hem 21 is morked or Hem 18 shows any

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injury, or other troumotic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10389

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG	1 0	1-100	0 0	
1. DECEASED NAME (TYPE OR PRINT) 3. SEX Female 70. BIRTHPLACE (STATE)	OP PRINTS	FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR	R	
	(1716)	Ja	anet	N	lae	HI	LL	April	_	1979		М
	3. SEX	Female		Whit	e	S. DATE O	ргыктн h 17, 1904	6 AGE (IN YEARS LAST	BIRTHOAY) 5 YRS	MONTHS DAYS	IF UNDER 2	MIN.
5	7a BIR	RTHPLACE (STATE OR FO	DREIGN 7	U.S.	what country? A_{ullet}	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY Wash	or coun ingto			MD.
9		ry OR TOWN OF DEA gerstown	(TH	NAME OF H	HOSPITAL, NURSIN HEACILITY, GIVE STREET A 19 COUL	G HOME C ADDRESS) H	ospital	120. USUAL OCCUP. (TYPE OF WORK FOR MOS		or Busines		
5		it residence (if nurs tate tryland	Washi		GIVE RESIDENCE BEFORE 13 CITY OR TOW Hagerst			13e STREET ADDRES 440 Vern	s ont Av	venue		
11	14. FA	THER'S NAME MOTT	м	IDDLE	Shriner		Nellie	WIDDLE	1000	Daywa.	lt	
1	{Y	(AS DECEASED EVER ES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	16h SOCIAL SECU	RITY NO.	Mrs. Ellen Li		ress Hagers	stown,Ma	rylan	ıd
	z		which nediate g the lost.	DUE TO, OF	r as a conseque	NCE OF	NOT RELATED TO THE TERM		DINDITION C	GIVEN IN PART 11	01	
2	CERTIFICATION	19a DATE OF OPERAT					N WAS PERFORMED	200. AUTOPSY?	20b. IF Y IN CER	YES, WERE FINDING TIFYING CAUSES		H?
7	MEDICAL CERT	210. ACCIDENT WAS UND OR CONTRIBUTING CITY OF EITHER, NOTIFY MEDIC. 21d INJURY OCCURE WHILE NOT WE AT WORK AT WO	AUSE OF DEAT AL EXAMINER) RED	P 21e. PLACE	m. month da m.	ARM, ETC.)	21c. HOW INJURY OCCUR!	RED (ENTER NATURE OF I	NJURY IN ITEM I	8, PART 1 OR PART ?) COUNTY		ATE
The state of		220.1 certify that (1) sow the decease above, (1) (we) (2) 22b. SIGNATURE	ed olive on	I view the body		75,00	nd that in (my) (aut) opinion of the person	death occurred on the	TAFF	22c. DATE		ted
1		John H.			Jr.	M.D.	22e ADDRESS 645 E. Fil	rst St.	Hage	rstown	MD	
230. BURIAL, CREMATION, REMO		REMOVAL	23b. DATE	23c N	NAME OF C	ill Cemetery	23d. LOCATION	W 40 Te	COUNTY	STA		

Rose Hill Cemetery

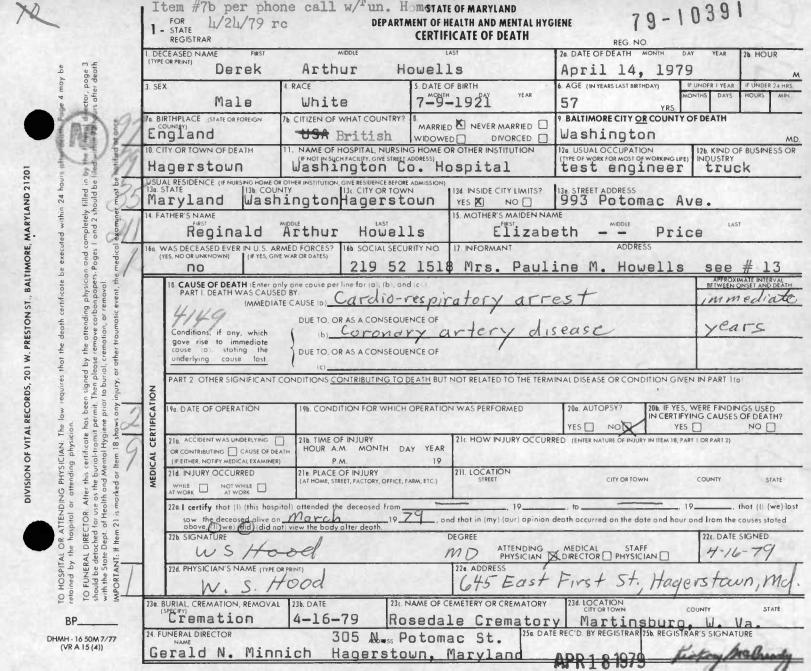
BP. DHMH - 16 50M 7/77 (VR A 15 (4))

415 East Wilson Blvd., Hagerstown, Maryland

Apr.23,1979

Hagerstown, Wash. Maryland BY REGISTRAR APR 25

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STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR		CERTIFICATE OF DEATH REG. NO. 79-10394										
		CEASED NAME	FIRST	/	AIDDLE	ı	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR	P		
3.3.77 3.77 3.77 3.77 3.77 3.77 3.77 3.	(ITPE	I	ewis	s Ni	hisher	K	IPE	April 2	3, 197	9	9:55	W		
	3. SEX	х		4. RACE		5. DATE C		& AGE (IN YEARS LAST BIR		INDER 1 YEAR	IF UNDER 24			
	r	male		whi	te	Nove	mber 9, 1895	83 YRS.			HOURS	MIN		
	7a. 81	RTHPLACE STATE OF FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		DEATH				
5	N	Maryland		USA		WIDOWE		Washin	aton			MD.		
		ITY OR TOWN OF DEA	TH		HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPAT	12b. KIND O	F BUSINES				
7	Ha	agerstown	1	Washing	ton Coun	ty Ho	spital	car inspector railroa			oad			
di	USUA 130. S	AL RESIDENCE (IF NURS	ING HOME OF	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS						
9	Mai	ryland	Wash	ington	Hagersto		YES 🛣 NO 🗌	148 East	Avenue	nue				
	14. FA	ATHER'S NAME FIRST		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE		LAS	700			
11				Edward	Kipe		Kathrin			****	100			
h		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDRI	SS					
1		No	(11 125, 011	No	705–10–8	650	Howard Earl	Kipe, Hagerstown, Maryland						
i		18. CAUSE OF DEAT						ETHENTED		APPROXI BETWEEN	MATE INTERV	ATH		
		PART I. DEATH W	IMMEDIA.	TE CAUSE (D) A	cute coro	nary	occlusion			30 m	inute	5		
		410-		DUE TO, O	R AS A CONSEQUE	NCE OF			100					
		Conditions, if ony,		(b)_1	Atheroscl	eroti	c heart diseas	se		7 yrs	s. ce	rt.		
		gove rise to imm couse (a), statin	g the		R AS A CONSEQUE				F16E3					
		underlying couse	lost.	(c)_1	Hypertens	ive c	ardiovascular	disease		22 y	ears			
	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)												
	10	Diabetes							Veel of MEC 14	COC FILLS		127		
3	FICA	19a DATE OF OPERA	ION	196. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	106. IF YES, W		OF DEATH	?		
L	RTII						Va	YES NO	YES [NO 🗆			
9		OR CONTRIBUTING	_	1100.00	M. MONTH DA	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1	OR PART 2)				
	MEDICAL	(IF EITHER, NOTIFY MEDIC	AL EXAMINER	P.,		19								
	MED	21d INJURY OCCURE WHILE NOT WE AT WORK AT WO	HILE	21e. PLACE (AT HOME, STA	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	VN	COUNTY	STAT	E.		
		220 I certify that (1)	(10636361)	(M) ottended th	e deceased from_	4/18/	79 19	, to4/23			that (I) (Xe			
		saw the decease above, (1) (www.				, 01	nd that in (my) (our) opinion o	deoth occurred on the d	ote and hour an	d from the	couses state	bed		
		17E SIGNATURE	1	V	10		DEGREE			22c. DATE	SIGNED	4.45		
		1/~	1/	Jagun	mo-		M.D. ATTENDING	MEDICAL STA	IAN 🗆	4/	24/79			
1	-	W. T.	SOON THREE PLANS	in, M.D.		18,	301 E. Antie	tam St., Ha	gerstow	n, MD	•			
	23a E	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	(0)	INTV	STATE			
	b	specify) ourial		April	26,1979	Rest	Haven Cemeter	Citt Oil TOTAL	wn, Was	sh., M				
	24. FL	UNERAL DIRECTOR	Minni	ch Fune	ral Home		250. DATE		256. REGISTA A			1		
	4	15 E. Wilso	on Ri	TA Had	rerstown	MA	21740	100 131		17/1	- Colife	7		

DHMH - 16 50M 7/77 (VR A 15 (4))

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MPORTANT: If them 21 is marked or them 18 shows any

Minnich Funeral Home 24 FUNERAL DIRECTOR
415 E. Wils Wilson Blvd., Hagerstown, Md. 21740





Of . Hand I Didney of the Banther I . T. - C- Control of the control of ANDRON - MOUTE VOCANDIAG BEFANCITON - 6 PROPERTY. TOTAL AND THE STRONG TO SERVICE TARGET AND ASSETS AS A SERVICE AS A SER TIE TO MITCHE AN TOWN IS A . . . III , TTI A SHALLY PAR , LOT -SEA King of the state e a APEN 1 SERVED

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BP. DHMH - 16 50M 7/77 (VR A 15 (4)) STATE OF MARYLAND

10206

	1	STATE REGISTRAR			DEPARTA		ICATE OF D	EATH		EG. NO.	- 1 0 3	30	
)		CEASED NAME E OR PRINT)	James		MIDDLE	LOWM	AN		20. DATE OF DE.	ATH MONTH	DAY YEAR	26. HOUR	
vent, the medical examiner must be notflied of once.	3. SE	Male		4. RACE Whit	e	S. DATE C		1909	6 AGE (IN YEARS		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN	
Source 35		irthplace istate of	DR FOREIGN	U.S.	WHAT COUNTRY?	8 MARRIEI WIDOWE	D X NEVER M	ARRIED		ashingto		MD	
notified a		agerstown			HOSPITAL, NURSIN			NOITUTI	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 120. KIND OF BUSINESS (INDUSTRY) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)				
35	USU.	AL RESIDENCE (IF N STATE aryland	Washi	other institution ington	GIVE RESIDENCE BEFORE 13. CITY OR TOWN Hagerst	ADMISSION) N OWN			13°1SIREET ADD	lorida A	venue		
Womine 11		James		IDDLE	Lowman		Fan		MI	DDLE	Scadde	st n	
e medicol	C	WAS DECEASED EV YES, NO OR UNKNOWN) YES		MED FORCES? WAR OR DATES) -1931	166 SOCIAL SECU	RITY NO.	Mrs. D		Lowman, I	address Hagersto	wn, Mar	yland	
injury, or other troumatic event	NO	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100								CONSET AND DEATH CONSET AND DEATH CONSET AND DEATH			
huo smod 2	CERTIFICATION	19a DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	200 AUTOPSY	IN CERT	ES, WERE FIND! IFYING CAUSES (ES]		
18 st	MEDICAL CER	21a. ACCIDENT WAS OR CONTRIBUTING ((IF EITHER, NOTIFY MI	CAUSE OF DEAT	P.	M. MONTH DA M.	Y YEAR		2004	ED (ENTER NATURE	OF INJURY IN ITEM 18.	PART 1 OR PART 2)		
morked or	WED	21d. INJURY OCC	T WHILE WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATIÓ STREET	N	CITY	OR TOWN	COUNTY	STATE	
IMPORTANT: If hem 21 is m		22a. I certify that sow the dece obove (N) (we 22b. SIGNATURE		ol) ottended the	, 7	.(DEGREE	TTENDING	MEDICAL	STAFF		tho (h (we) lost couses stoted	
MPORTAN		22d. PHYSICHAN'S	NAME (TYPE OR	PRINT	2mpb	10/1	22e. ADDRESS	Nag	ensk	sur	MC	/	
-	(BURIAL, CREMATIC SPECIFY) Buria	1	May 1	,1979 Ce	dar L	emetery or c awn Cem	etery	23d. LOCATIO CITY OR TOV Hagers	stown, W	county	ary land	
7	24. FU	UNERAL DIRECTOR	Minnich son Blv	Funera d., Hag	al Homes gerstown,	Mary:	land 21	740 DATE	AY 3 19	79"	they me	Musely	

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-10397

-	1	REGISTRAR				CEKIII	ICATE OF	DEATH	RF(5. NO.	0			
100		CEASED NAME	FIRST	N	NIDDLE	l	AST	L - 72 L S	20. DATE OF DEAT		DAY	YEAR	2 HOU	R
SVI	A I AGE	OR PRINT)	Lester	C+	anleu	1			+	April	21	1979	9:3	5
3	a SEX	X.	Lessel	4 RACE	witell.	5. DATE C	DUVLU.		6. AGE (IN YEARS LAS	T RIPTHD AVI	IF UI	NDER I YEAR	IF UNDER	D M
20		4.				MONTH	DAY	YEAR	e. Free (In terms on		MONT		HOURS	MIN.
59	-	Male		Whit		June	2 7	1901			RS.			
S A		HPLACE (STAT	E OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	8. MARRIEI	NEVER	MARRIED -	9. BALTIMORE CI	Y OR COL	INTY OF	DEATH		
M	N		oinia	U.S.	A.	WIDOWE	DE D	NORCED [Washin	ton				MD.
79	A CI	OR TOWN O	F DE ATH		OSPITAL, NURSIN FACILITY, GIVE STREET		ROTHER INS	NOITUTIT	120 USUAL OCCU		NG LIFE)	126. KIND C INDUSTRY	F BUSINE	SSOR
11		agensto		Washing	ton Count	ty Ha	inital		Wolden		1	lictor	2 Pro	duct
35	13a. S	at residence (1)	F NURSING HOME OF		GIVE RESIDENCE BEFORE 130 CITY OR TOWN Havenate	N	13d. INSIDE (NO [13e. STREET ADDRE	ss rankl	lin S	it.		
	14. FA	THER'S NAME		MIDDLE			15. MOTHER	S MAIDEN NAM			L. B.	12.5		
2//		Elder	(0)1	liam Lew	is Louv	72 11	C	FIRST	MIDD			Davi		
1		VAS DECEASED I			166 SOCIAL SECU	CO CES	17. INFORM	<i>VLah</i>	AL	DRESS		Duy		
1	{Y	ES, NO OR UNKNOW	(IF YES, GIV	E WAR OR DATES)				0	DOWN LINE					
	n.				220-16-20		Charle	1 B. 10	1111 1 708 W	1. Fro	mb Li	n 5.4		
			TH WAS CALISE	D BY.	line far (a), (b), and							BETWEEN	MATE INTER	DEATH
		11111	IMMEDIA	TE CAUSE (a) Co	ardioger	nic s	shock					h	ours	
	4/40 DUE TO, OR AS A CONSEQUENCE OF													
	Conditions, if ony, which (hArteriosclerotic heart disease											VE	ars	
	gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF													
		underlying o		DUE 10, OR	AS A CONSEQUE	NCE OF								
-		DART 2 OTHER	CICAUCICAAIT	(c)	NITRIR IT NIC TO F	PATIL BUIT			INAL DISEASE OR C					_
	Z	PART 2 OTHER	SIGNIFICANT	LONDITIONS <u>CC</u>	INTRIBUTING TO L	DEATH BUT	NOI KELAIEI	O TO THE TERM	INAL DISEASE OR C	ONDITION	GIVEN	N PART I	a)	
	CERTIFICATION	19a DATE OF OI	PERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?	120b. II	F YES, WI	ERE FINDIN	VGS USER	D
2	FIC									INC	RTIFYING	G CAUSES	OF DEAT	H?
2.3	R	21a. ACCIDENT W.	AS LINIDERLYING F	7 21b. TIME OF	INTURV		Tale Bowell	LILIDY OCCUPE	YES NO		YES [NO [
7			CAUSE OF DE	110/10 44	A. MONTH DA	Y YEAR	ZR. HOW II	AJORT OCCURR	RED (ENTER NATURE OF	INJURY IN ITEA	A 18, PART 1	OR PART 2)		
	CA		MEDICAL EXAMINER)		۸.	19		the same		2017				
	MEDICAL	21d INJURY OC		21e PLACE C	OF INJURY SET, FACTORY, OFFICE, FA	ARM FTC)	21f. LOCATI	ON	CITY O	RTOWN		COUNTY	ST	ATE
	2	AT WORK	AT WORK	(Arriome, State	LI, FACTORI, OFFICE, I	ram, ere.,	10000							
	21	220 I certify the	ot (1) (this hasp	tal) attended the	deceased from	Sept.	11	19. 73	to Apri	7 27	19_	7.9	that/() (we) last
		saw thede	ceased alive on	April		7 0 4	d that in m	(aur) apinion	deoth occurred on the	ne date and	hour and	d from the	1.7	
		224 SIRNATING	waited laid no	he bady	after death.		DEGREE					22c DATE		
	4.2		///					ATTENDING	MEDICAL	STAFF	3			
		Com	4/4	en			M.D.	PHYSICIAN [2	DIRECTOR PH	YSICIAN []	4/	24/	79
1	-	THE PHYSICIAN	//				22e ADDRE							
1		Charl	es C.	Spencer	, M.D.		138	E. Ant	cietam S	tree	t, E	lager	sto	wn .
	23a. B	URIAL, CREMAT	ION REMOVAL	23b. DATE	123c N	NAME OF C		CREMATORY	23d LOCATION					MD=
	(5	SPECIFY)	,						CITY OR TOWN		O COU	Sur!	ready	or .
	24 511	JNERAL DIRECTO		April2	5,7979 BA	roadko	rding	Cemeter	y Haversz	OWN I	GA SW	1/(2.6)	my)	
				1 11-11-1	O box3484	The end	M() 2	70 - 10	R 2 7 191	Jul 120 WE	SISTRA	SSIGNAT	ORE /	
	-	Usborne	runera	L Home B	U 00X3 48W	mispt.	,110 21	143 MI						26

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9880-1-93 834) H2A1 A1941 2Y938 FIMLE CAUE. 3-7-12 Toght Provide energy To the Life State Propose ens E-1st st. Hacerstone. Te. LILLIANS AKER, M.D. SWAM

IMPORTANT: If them 21 is marked or them 18 shaws ony injury, or ather traumotic event, the medical examiner must be notified at once.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the buriol-transit permit. Then please remove carbon paper with the State Dept. of Heolth and Mental Hygiene prior to burial, cremotion, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

retoined by the hospital

BP.

STATE OF MARYLAND

BY REGISTRAR 256. REGISTRATES SIGNATURE 6 1979

	Female 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) No. J. 10. CITY OR TOWN OF DEATH Hagerstown Coff USUAL RESIDENCE (IF NURSING HOME OR OTHER III 136. STATE 136. STATE 137. MADE FATHER'S NAME FIRST MIDDLE Lars 160 WAS DECEASED EVER IN U.S. ARMED FOREIGN (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY IMMEDIATE CAU Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS PART 2 OTHER SIGNIFICANT CONDITIONS 190 DATE OF OPERATION 191 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (FEITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. INJURY OCCURRED		DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 7 9 - 1 0 3 9 9								
		CEMBEDIAMILE		C.		artin	20. DATE OF DEATH	ril 10,	1979	6:15 P	
	3. SEX		4. RACE White		5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIRTI		UNDER I YEAR	IF UNDER 24 HRS	
7	CC	OUNTRY)	76 CITIZEN OF		MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Washing		FDEATH	W	
70			(IF NOT IN SUC	HOSPITAL, NUR THE FACILITY, GIVE STI THOME 1	REET ADDRESS)	Aged	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Factory Wo	F WORKING LIFE)	126 KIND C INDUSTRY Cloth	ing	
35	13a. S	Id	ome or other institution COUNTY Vashington	GIVE RESIDENCE BE	FORE ADMISSION)	13d INSIDE CITY LIMITS? YES NO TO THE SMAIDEN NAME FIRST	13e. STREET ADDRESS Box 102 H			rstown	
76				Norland		C.	Greta		Zand	er	
1	(Y	YES, NO OR UNKNOWN) (IF	I.S. ARMED FORCES? (ES, GIVE WAR OR DATES)	166 SOCIAL SE		Mrs. Constant	ce Zeigler	BOX	172 rstow	R.D. #5 n. Md.	
	NO	gove rise to immedia cause (a), stating underlying cause la PART 2 OTHER SIGNIFIC	ich (b) DUE TO, O	R AS A CONSE	RIOSCIE QUENCE OF			DITION GIVEN		rs.	
2	IIFICATI					N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [
7	-	OR CONTRIBUTION OF OR OF STATE HOUR A.M. MONTH DAY YEAR									
	WE	WHILE AT WORK	(AT HOME, STE	REET, FACTORY, OFFI		STREET	CITY OR TOW	и	COUNTY	STATE	
		sow the deceased of		1 10 19	79 01	DEGREE ATTENDING PHYSICIAN	AMÉDICAI STAF	F	17		
1		224 PHYSICIAN'S NAME	(TYPE OR PRINT)			22e. ADDRESS			1		
/			HOFFMAN		L-U-YL		mac St., Hag	erstow	n, Md		
1	23a. B	BURIAL, CREMATION, REM SPECIFY) Burial	236. DATE 4/14/			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Hagerstown		hingt	on Md.	

ADDRESS 50 S. Broad St. Waynesboro, Pa.

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR

STATE OF MARYLAND

- STATE REGISTRAR				CATE OF DEATH	REG NO.	9-10	400
1. DECEASED NAME (TYPE OR PRINT)	Carrie	MIDDLE	1A		20 DATE OF DEATH MONTH		2b. HOUR
3 SEX Female	4 RACI	New York Control of the Control	5 DATE O		April 28, 197 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	7:00 A
7a. BIRTHPLACE ISTATE O	Female White 70. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUN Washington Co., Md. U. S. A.		May 27, 1899 RY? MARRIED NEVER MARRIED WIDOWED TO DIVORCED		79 9 BALTIMORE CITY OR COUNTY OF DEATH Washington		
10. CITY OR TOWN OF D	EATH 11. NA	ME OF HOSPITAL, NURSI NOT IN SUCH FACILITY, GIVE STREE LEGET MEMORIA	NG HOME O	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Housewife	126 KIND OF INDUSTRY Own H	
Maryland	URSING HOME OR OTHER IN 13h COUNTY Washingt	stitution, give residence befo on Hagerst	NN I	YES NO	13e STREET ADDRESS Potomac Towe:	rs	
Jasper	N.	Gigeou		15. MOTHER'S MAIDEN NA/	Florence	Smit	h
NO WAS DECEASED EVI	(IF YES, GIVE WAR OR	216-54		Mr. Merle Ma	ertz, Rfd. Be	0x 182	1740
	mmediate ting the DU use last.	E TO, OR AS A CONSEQUED (b). E TO, OR AS A CONSEQUED (c). IONS CONTRIBUTING TO	JENCE OF		INAL DISEASE OR CONDITION G	TYEN IN PART 1(0)	dr.
19a DATE OF OPER	RATION 196	CONDITION FOR WHICH	OPERATION	I WAS PERFORMED	IN CERT	ES, WERE FINDING TIFYING CAUSES O YES	
OR CONTRIBUTING [CAUSE OF DEATH H	TIME OF INJURY OUR A.M. MONTH (P.M.	DAY YEAR		ED (ENTER NATURE OF INJURY IN ITEM 18	3, PART 1 OR PART 2)	
	WHILE AT	PLACE OF INJURY HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
AT WORK - AT				1,000			
220-1 certify that saw the dece	(1) (this haspital) ages ased alive an) (did) (did not) view t	he bady after death.		EGREE ATTENDING	mEDICAL STAFF	22¢ DATE SI	
270 I certify that saw the dece above, (I) (we 27b. SIGNATURE	ased alive an	5-26-19	j m	EGREE			

DHMH - 16 50M 1/76 (VR A 15 (4))

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	inger (122.) Doe in The Taylor of the	t a Facil . 18	dere-se-ers		

(VR A 15 (4))

10 01-01 APRIL 1973 APPEARING

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10402

CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH April 22, 1979 Harrington MARTZ 12:30 6 AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF UNDER 24 HRS Dec. 22, 1915 HOURS BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR Service Craitsman Auto 1706 Sherman Ave. JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Hagerstown 13d INSIDE CITY LIMITS? 13. 1706 Sherman Ave. YES P 15 MOTHER'S MAIDEN NAME FIRST Belia WIDDLE Moser 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 1706 Sherman Ave. 215-18-2216 Mrs. Catherine M. Martz, 18 CAUSE OF DEATH Enter only one cause per line far (a), (b), and (c) IMMEDIATE CAUSE to / Acute coronary occlusion Sev. hours OR AS A CONSEQUENCE OF Atherosclerotic heart disease unknown DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 19 211. LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) Apri. 220 I certify that (I) (INNIXINX offended the deceased from. Mar 78 , and that in (my) (XX apinian death accurred on the date and hour and from the causes stated saw the deceased alive an Oct. 9
above, (I) (W) (did) XXXXXVIV the body after death 22h SIGNASA DEGREE 22r. DATE SIGNED ATTENDING MEDICAL STAFF 4/23/79 PHYSICIAN X DIRECTOR PHYSICIAN 22e ADDRESS 301 E. Antietam St., Hagerstown, MD. W. T. Layman, M.D. 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE Burial TITY OR TOW Boonsboro Cemetery Boonsboro, Wash. Co., Md. 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

John H. Bast, Jr. Boonsboro, Maryland 21713

DHMH - 16 50M 1/76 (VR A 15 (4))

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requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

etained by the hospital or

STATE OF MARYLAND

	1-	FOR STATE REGISTRAR		DE		HEALTH AND MENTAL FICATE OF DEATH		NE 7 S	9-10	403
		CEASED NAME OR PRINT) F10	rence	May	M	AY	2	April 27. 1	DAY YEAR	2b. HOUR
	3. SEX		4 RACE		5. DATE	OF BIRTH		AGE (IN YEARS LAST BIRTHDAY)	15 UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
		RTHPLACE (STATE OR FO		nite EN OF WHAT COU	NTRY? 8	rch 13,192	9	54 YRS. BALTIMORE CITY OR COUNT	Y OF DEATH	
3		/irginia		U.S.A.	MARRI	MARRIED M NEVER MARRIED WIDOWED DIVORCED		Washington		
79	На	Hagerstown Washington Cou			County I	nty Hospital		128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 128. KIND OF BUSINESS INDUSTRY		
35	13a. S	AL RESIDENCE (IF NURSI TATE aryland	ng home or other ins 13b COUNTY Washingt	13c CITY O		134 INSIDE CITY LIMIT		street address 105 Archer La	ane	
210		Alva	WIDDLE	Whit		15 MOTHER'S MAIDEN	EN NAME	MIDDLE	T,OWE	
1	/Y	VAS DECEASED EVER I ES. NO OR UNKNOWN)	N U.S. ARMED FOI (IF YES, GIVE WAR OR D	ATES)	28-5737	Mr. Donald	d E.	May, Williamsp	ort, Ma	ryland
	Z	Conditions, if any, gave rise to imm cause (a), stating underlying cause	AS CAUSED BY: IMMEDIATE CAUSI which ediate the lost DUI	E (0) COO E TO, OR AS A CON (b) E TO, OR AS A CON (c)	SEQUENCE OF	nom A with	g mi	ALDISEASE OR CONDITION G	mses 3	GNASE INTERVAL ONSET AND DEATH
2	CERTIFICATION	190 DATE OF OPERAT	19b	CONDITION FOR V	WHICH OPERATION	ON WAS PERFORMED		IN CERT	ES, WERE FINDIN	NGS USED S OF DEATH?
9		210. ACCIDENT WAS UNDO OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH HO	TIME OF INJURY DUR A.M. MONT P.M.	H DAY YEAR		CCURRED	O (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURR WHILE AT WORK AT WOR	LE C	PLACE OF INJURY HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
À		220.1 certify tha (1) this haspital) attended the deceased from \$\frac{77}{27}, 19\frac{10}{40}, to \$\frac{47}{27}, 19\frac{79}{27}, tha (1) (we) lost saw the deceased olive on \$\frac{77}{27}, 19\frac{79}{27}, and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated above (1) (we) (did (2) did (3) view the body after death.								
		Prelien		Amete, v	21.12.		ING IAN V	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	30/79
1		PICh	and E.	Smith	mp	1708	00	KHILL Ave.	Stac	restown
	23a. B	URIAL, CREMATION, I	REMOVAL 23b. D	ATE	23c. NAME OF	CEMETERY OR CREMATO	TORY	23d. LOCATION		

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

MPORTANT: If them 21 is marked or them 18 shaws any injury, or other troumatic event, the medical examiner must be notified at ance

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion should be detached for use as the burial-transit permit. Then please remove corbon papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

nding physicion and completely corbanpopers. Pages 1 and 2 sh

415 E. Wilson Blvd., Hagerstown, Maryland 21740

May 1,1979

Burial

Rest Haven Cemetery 250. DATE REC'D. Maryland

BY REGISTRAR 256, REG

may be

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-10404

		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	2.	3-10	4 0 4	
		CEASED NAME	FIRST	N	NODLE	l	IAST	2a. DA	TE OF DEATH		GAY YEAR	26 HOUR	
	(ITPE	Agne	25	Ursula	McCa	arthy		AF	oril 10	, 19	979		м
	3. SE			4 RACE		5 DATE C		6. AGE	(IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24	
1		Female		White		Oct.	20, 1979	78	3	YRS	MONTHS DAYS	HOURS A	WIN.
4	7e. BI	RTHPLACE (STATE OR FO	REIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BAL	TIMORE CITY O		Y OF DEATH		
X		Maine		USA		WIDOWE	DIVORCED	Wa	shingt	on		1	MD.
31	10. CI	TY OR TOWN OF DEA	TH	11. NAME OF H	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION		SUAL OCCUPATION WORK FOR MOST O		12b. KIND C	F BUSINESS	
0		Hagersto					sing Home	nı	nrsing		LIFE) INDUSTRY	Cen.	cer
5	13a S		13P COA	VTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW 1agersto	N	136 INSIDE CITY LIMITS?	13e 2 ST	REET ADDRESS 324 Pot	omac	c Ave.		
11	14. FA	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME	210014		LAS		
//		Daniel			Carthy		Mary -	-	McGra		in:		
1		VAS DECEASED EVER I		MED FORCES?	166. SOCIAL SECU		17 INFORMANT		ADDRE	1114	26 The	Terr	ace
1		yes	WW	2	007 09	1925	Mrs. Mary	Ann	Scalli	on	Hager	stow	Ω.
		18 CAUSE OF DEATH PART I. DEATH WA	(Enter or	nly one couse per			-1/20:100			100		MATE INTERVA	ATH
				TE CAUSE (D)			THROMBOS	15			541	DIEN	
		410-		DUE TO, OR	AS A CONSEQUE	NCE OF	c I Calmons						
		Canditions, if any, gave rise to imm					CLEILOSIS						
		couse (a), stating underlying cause	g the	DUE TO, OR	AS A CONSTOUE	NCE OF-	NSON						
													_
	z	PART 2 OTHER SIGN	IFICANT	CONDITIONS <u>CO</u>	INTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	MINALD	ISEASE OR CON	OITION GI	IVEN IN PART 110	31	
9	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		AUTOPSY?	IN CERT	ES, WERE FINDIN	OF DEATH?	?
1	ERT	210 ACCIDENT WAS UND	ENIVING F	7 21h, TIME OI	INTUIDY		Tale HOW INTERPROCES	YES			ES	NO 🗆	
1		OR CONTRIBUTING C	AUSE OF DE	HOUR A.A	A. MONTH DA	YEAR	21c. HOW INJURY OCCUR	KRED (EN	TER NATURE OF INJUR	T IN ITEM 18.	PART FOR PART 2)		
	MEDICAL	(IF EITHER, NOTIFY MEDICA 21d INJURY OCCURR		P.A 21e PLACE C		19	211 LOCATION						
	ME	WHILE IN NOT WH	ILE 🗀		ET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TOW	'N	COUNTY	STATE	1
		22a I certify that (I)	CK.	ital) attended the	deceased from	-/	16 10 78	-	41	10	10.79	show (I) (wa)	Vlore
		saw the decease	d alive an	3/2	2 197	9 10	nd that in (my) (aur) apinian	n death a	ccurred an the do	ite and ho		that (I) (we)	
		obave, (1) (we) (d 22b SIGNATURE	Jakaid Ju	t) view the body	ofter death.	1	DEGREE				22c. DATE	SIGNED	_
		7 /(le	laun	in		MICH ATTENDING	MED	CTOR PHYSIC		4/1	1/29	
1	1	22d. PHYSICIAN'S NA	ME (TYPE C	OR PRINT)			22e. ADDRESS				17/11	10-1	
	(R. Al	MAR	1110	MI	5	127 KING	57.	HA GEN	25704	UW, MAI	12/1	40
	23a. B	SURIAL, CREMATION, F	REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATORY		LOCATION		COUNTY	STATE	
		Burial		4-12-					agersto				
	24. FU	JNERAL DIRECTOR			05 Nors P	otoma	40 000		BY REGISTRAR	25b. RE.G.15	TRAR'S SIGNAT	URE	
	Ge	erald N.	Minr	ich H	agersto	wn, I	Maryland Af	KKI	8 13/9	Just	77		

DHMH-16 50M 7/77 (VR A 15 (4))

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		e company			

30/01-01

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN TE MONTH (TYPE OR PRINT) ESTI-Brady Mellott 10 79 James 5 FOR TOUR FILES. 5 WITHIN 72 HOURS W PRESTON STREET, DEATH MATED -ADEL 4. RACE 5. DATE OF BIRTH SEX 6. AGE (IN YEARS | IF UNDER 1 YR. IF LINDER 24 HRS DATE HOUR O:0 LAST BIRTHDAYL PRONOUNCED male white 1935 DEAD Mar 2 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED USA FILED, W WIDOWED [DIVORCED LAY IS O THE PAGE 10. CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORL 12b. KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! Hancock, Md. none USUAL RESIDENCE (IF IN NURSING, HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) HIS COUNTY 13a. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES NO I 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRS MIDDLE MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT ADDRESS (YES, NO. OR UNKNOWN) LIF YES, GIVE WAR OR DATES! 18 CAUSE OF DEATH (Enter only one cause per line far (p), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Crushing injuries to the skull. chest and minutes Abdomen. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last AND DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CREMATIC CERTIFICATION USED 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF none BURIAL YES [NO -8E DEPARTMENT 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) BOUR A.M. MONTH DAY YEAR IX.OP UNDERLYING MEDICAL Hit by a truck :30 MApr CONTRIBUTING CAUSE OF DEATH PRIOR THE PLACE OF INJURY LATHOME 21f. LOCATION 214. INJURY OCCURRED FORWARDED STREET, FACTORY, FARM, ETC.) Interstate 70, east of Hancock, Maryland. WHILE WHILE AT WORK AT WORK TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNEAL DIRECTOR, PAFTER DEATH, WITH THE ST BALTIMORE, MARYTAND, 217 Inspection X 22a. I certify that I took charge of the remains described above, held an Autopsy and in my apinian Accident X death resulted fram: Natural causes Suicide Hamicide ! Undetermined manner TITLE (SPECIFY ACTUAL DATE SIGNEDADE 18,1979 645 E. First St. Francisco EXAMINER'S NAME ADDRESS Hagerstown, Md. 21740 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY BP 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND

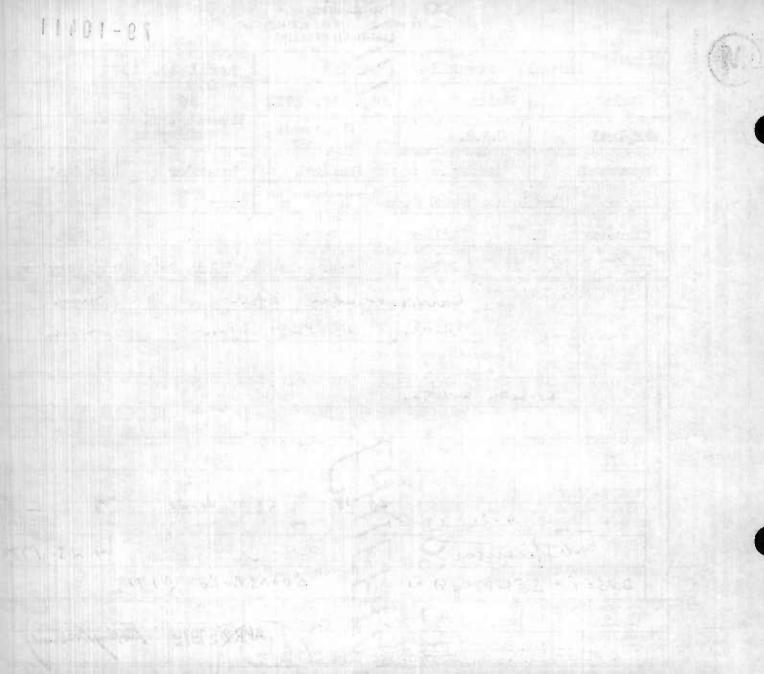
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO FIRSHdgar DECEASED NAME LAST Messersmith TYPE OF PRINTI April 14, 1979 12:20p 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE DAYS October 26.1944 male white BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Washington County U.S.A. Marvland D. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY defense; Washington County Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) Hagerstown machinist army depot DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 13E CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Franklin Shippensburg R.D. 3 Pennsylvania SouthamptonTwo 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME Marie Isabel Fultz Edgar Cleveland Messersmith ADDRESS Pa. 1725 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Mrs. Mabel L. Messersmith, R.D.3, Shippensburg Viet Nam ves 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and PART I, DEATH WAS CAUSED BY TUMOY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. CERTIFICATION 190 DATE OF QPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21e PLACE OF INJURY HOME, STREET, FACTORY, OFFICE, FARM, ETC.] CITY OR TOWN COUNTY STATE 22a.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceosed olive on_ above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL should be det with the Stote IMPORTANT: 0 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23d. LOCATION Burial April 19.1979 Hill Crest Cemetery Cumberland, Allegany, 112 W. King St. 250. DATE REC'D. BY REGISTRAR 256. RESTRARS DHMH - 16 60M 1/75 (VRA 15(4)) Shippensburg.Pa.17257 Mervin O. Fogel sanger

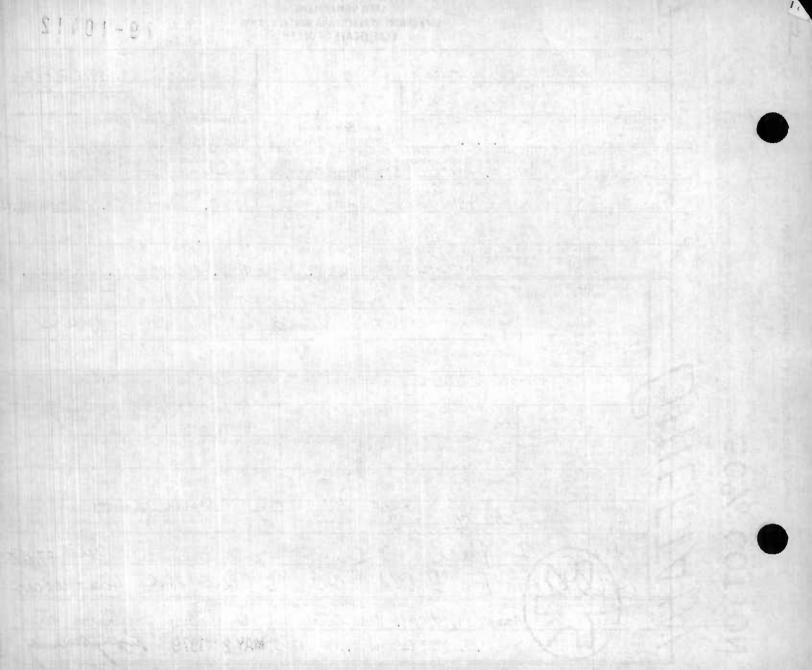
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X 1	11	FOR - STATE	DEPAR	ETMENT OF HEALTH AND MENTAL HY	GIENE	79-10410
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
9) W.E		CEASED NAME FIRST	MIDDLE	DA / / I ED		MONTH DAY YEAR 26 HOUR
noy be		MARY	L.	MILLER	APRIL	-) // F3 M
5 0.7	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN
0 0 0 0	14.	EMACE	WHITE	DUY 12,1888	70	YRS
death.	Ľ	OUNTRY .	TO CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY O	Shington Co., MD.
softer of by the filled with haiffied	4	agers town	(IF NOT IN SUPH FACILITY GIVE STR	SING HOME OR OTHER INSTITUTION EET (DDRESS) P TAL	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	FWORKING LIFE) INDUSTRY
RYLAND 2120 within 24 hours etely filled in by 3 2 should be fill miner must be he	USU 13a.	AKRESIDENCE (IF NURSING HOME OF STATE 134 COUN	NTY 13c. CITY OR TO		13e. STREET ADDRESS	Hersville, Md.
MARYLA ed within ond 2 sh exominer	14. F		MIDDLE Stott	15. MOTHER'S MAIDEN NA FIRST MARY	A. MIDDLE Z	Blickenstaff
MORE, In and col		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SE E WAR OR DATES)	CURITY NO. 17 INFORMANT	ank-R>	- MY-ers ville, Md.
ALTI ore by pers. ol.	F		ly one couse per line far (a), 1b1,	and ic.	2007/11 11 12	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Tr, BA		PART I. DEATH WAS CAUSE	TE CAUSE (O) Carcin	oma onary.	- netostas	is days
DN S ading carbo or re		1830	DUE TO, OR AS A CONSEC	DUENCE OF to live	2	
PRESTON The death of the attending small of the transfer, or transmatter, or transmatter, or transmatter or tra		Conditions, if any, which	(b)	Jeo mace		
W, hot the by the seere other		gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEC	DUENCE OF		
necon place y, o	7	PART 2 OTHER SIGNIFICANT		O DEATH BUT NOT RELATED TO THE TERM		
RECORDS law requi	CERTIFICATION	A	nemia, 6	Cheralized Choperation was performed	throale	
REC low so be so be so be so be	FICA	190 DATE OF OPERATION	abdoniso	4	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
VITAL N. The roots he roots he hygies Hygies	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	1216. HOW INJURY OCCUR	YES NO NO	YES NO
DIVISION OF VIII NG PHYSICIAN: ottending physician ther this certifical os the buriol-tran th and Mental Hys orked or frem 18 s		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	TED (ENTERTIME OF TOOL	TICHEN TO, FORT TORT ART AT
HYSI nding his ce his ce his ce	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOW	'N COUNTY STATE
DIVISION DING PLANTER THE SE OS THE OILTH AND	2	AT WORK NOT WHILE	(AT HOME, STREET, FACTORY, OFFIC	E. FARM, ETC.)	in in	STATE
DIN NDIN(olor olor olor olor olor olor olor olor		22a I certify that (I) (this hospi	tal) attended the deceased fran		8, to Gill	. 19 1977, that (I) (we) last
TTE prite		saw the deceased alive an above, (1) (we) (did) (did no	it) view the bady after death.	79	death accurred on the do	te and hour and from the causes stated
DIRECTORNAL THE HOSE		77h SIGNATURE	1 - D	DEGREE	MEDICAL STAT	22c. DATE SIGNED
TAL y the XAL I deto deto hote I		Guan	7 Jule	ATTENDING PHYSICIAN	MEDICAL STAF	
TO HOSPITAL (retoined by the TO FUNERAL should be detoined with the Store IMPORTANT: If		GWK/	A. F. 100	120 ADDRESS 382 S	·Clevelo.	I Hageistoun
5 5 5 4 3 ₹	23	PECIEVAL CREMATION, REMOVAL	23b. DATE 23	NAME OF CEMETERY OR CREMATORY	23d LOCATION	Sounty A Prate D
BP	6	Wual	14/28/29 (boton Brethren les	n. leters	wp strankly lo, 14.
DHMH - 16 50M 7/77 (VR A 15 (4))	24. F	UNERAL DIRECTOR MANUE MA	d. Graphic	aste Pa 250. DA	PR 3 0 1979	25b. RESISTRAR'S SION COLLEGE

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	35	Edg a vist	ET HOUSE	5-26/37
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	2337	Jan alan	- Land	Complete State
		sulle malling		
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STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

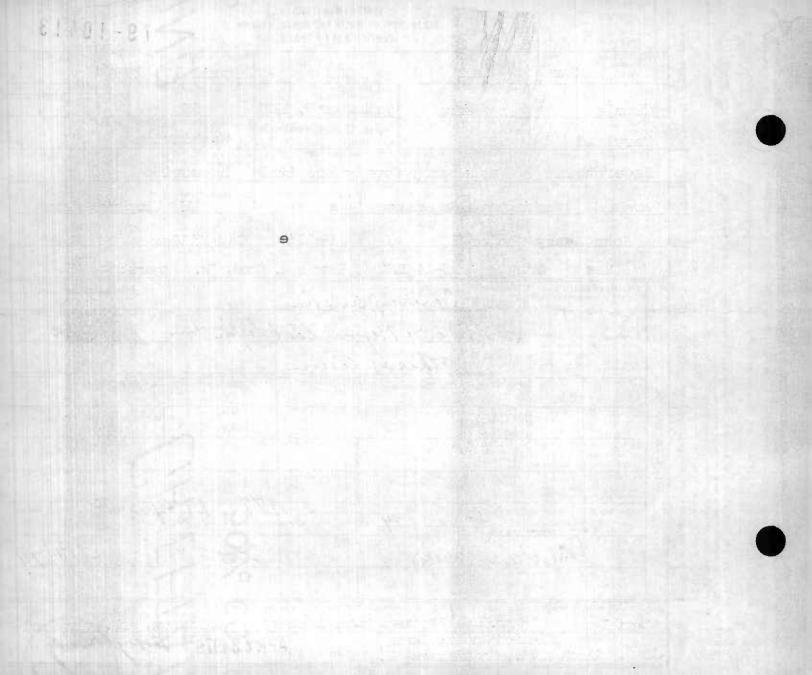
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1	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0. 19	- 104	13
	ECEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH D	AY YEAR	2h HOUR
L		Sarah	Jaı	ne	1	MOSE	April 1	7, 19	79	
3. S	EX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS
	female		wh	ite		ember 7, 1923	55	YRS.	DATS	Milk
	BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COU	NTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY C	_	OF DEATH	
	Marylan		USA		WIDOWE	D DIVORCED	Washin	gton		M
10	CITY OR TOWN OF	DEATH			URSING HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST OF		12b. KIND C	F BUSINESS O
_	Hagerst		Wash	ingto	on Coun	ty Hospital	housew.		,	
US1 130	UAL RESIDENCE (#	NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE		134 INSIDE CITY LIMITS?	13e STREET ADDRESS			
N	Maryland	Wash	ington	Hage	rstown	YES X NO	1119	Virgi	nia Av	enue
114.6	ATHER'S NAME		MIDDLE	LAS	ST	15 MOTHER'S MAIDEN NA/	ME	0.000	LAS	.7
	John	Henry	Thomas	3		Nellie	Gay Mill			Let S.M.
160	WAS DECEASED E		MED FORCES?	16b SOCIA	L SECURITY NO.	17. INFORMANT	ADDRE	SS		
L	Yes	Ar	my	215-1	4-2392	Lester M. M	ose, Jr., H	agerst		
	18 CAUSE OF D	EATH (Enter or	nly one couse per	line for (0),	(b), and (c).)				BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEAT		E CAUSE (o)	(e	ulrafe	morea			MI.	N.
	410-		DUE TO, O	R AS CON	SEQUENCE OF	, ~ /	1111		11.	-
	Conditions, if		(b)	aleu	ere Mes	cardeal	effareten		1400	in
	gove rise to	toting the	DUE TO, O	R AS ACON	SEQUENCE OF	1	1			
	underlying c		(c)			levous				
z	PART 2 OTHER	SIGNIFICANT (CONDITIONS CO	ONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 10	01
CERTIFICATION	19a DATE OF OP	COLTAGO	101 COND	TIONICORY	VILLO OREDATIO	N WAS PERFORMED	20a AUTOPSY?	TOOL IS VES	WERE FINDIN	ICC topp
J.	198 DATE OF OP	EKATION	190. COND	IIION FOR V	VHICH OPERATIO	N WAS PERFORMED		IN CERTIFY	ING CAUSES	OF DEATH?
- E	21a, ACCIDENT WA	S LIMBERIAING E	21b. TIME O	E INTITION		21c HOW INJURY OCCURE	YES NO			ио 🗆
	OR CONTRIBUTING	CAUSE OF DE	110110 4		H DAY YEAR	ZIC NOW INJOK! OCCORP	CED (ENTER NATURE OF INJUI	T IN HEM 18, PA	RTTORPART2)	
MEDICAL	(IF EITHER, NOTIFY A		P. 21e PLACE	M.	19	21f LOCATION				
ME	WHILE N	OT WHILE	(AT HOME, ST	REET, FACTORY, O	OFFICE, FARM, ETC.)	STREET	CITY OR TOV	/N	COUNTY	STATE
		AT WORK	4-10		ı	1957	7. 172	200 .	15	
	sow the de	eosed olive on	tol) ottended (an	10	nd that in (my) (our) opinion a	deoth occurred on the da	are and hour	ond from the	that (I) (we) la
	22b. SIGNATURE	terridid) (did no	N view the body	ofter death.	- /	DEGREE			22c DATE	
		150/1	John -	11	^	ATTENDING _	MEDICAL STAI		4/1	7/5/
-	22d. PHYSICIAN	S'NAME ITYPE O	R PRINT)	1 100	0	22e. ADDRESS	DIRECTOR PHYSIC	IAN	17//	11-14
230	BURIAL, CREMATI	ON PEANOVAL	23b. DATE		1231 NAME OF C	EMETERY OR CREMATORY	1236. LOCATION			
1230	DOKIAL, CREMATI	OIT, KEMOVAL	230. DATE		TOU INVITE OF C	LINETERT OR CREMATORY	CITY OR TOWN		COLUMN TO A	STATE
	(SPECIFY)		Apr 20	1979	Rest Ha	tran Camataur			COUNTY	
24	burial burial FUNERAL DIRECTO	R Min	Apr. 20 nich lu	•		ven Cemetery	Hagersto	wn,Was		ryland

Wilson Blvd., Hagerstown, Md. 21740

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.



FOR

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	11.	FOR STATE					MENT OF	HEALTH		ENTAL				7.0	1.0	1. 1 5	
		REGISTRAR ECEASED NAM (PE OR PRINT)		ohn	٨	MIDDLE Tre	EXAMIN		LAST DEMUS		OF DE	2e. DATE OF	KNOWN ESTI-	7109 -	TH DAY		26 HOUR 8:00 M
(M)	3 SE	x lale	4. RACE White	5. DATE O			6. AGE (IN YE.	ARS IF UN			ER 24 HRS.	2c. DATE PRONOUN DE AD	NCED .	MONT	9 9	19 79 Y YEAR 19 79	24 HOUR 8: 20 P M
NECES OF STREET	É	SIRTHPLACE (SOME COUNTRY)	o, Md.	U. S.				WIDOW	44	DIVOR			ore co	ton	NTY OF		MD.
AY IS PAGE 301	H	agersto	wn	Wash	ingto	on Co	RSING HOME REET ADDRESS) OUNTY	Hospi	ER INSTITU	NOITL	12a. USI	JAL OCCUI MOST OF WOR LTMET	PATION RKING LIFE)	(TYPE OF WOR		KIND OF BUI OR INDUSTR Arming	RY
AND 3 RETAIL RECORD	13°M	aryland	Was	ome or other institution of the control of the cont	TUTION, GIVE	BOO1	OR JOWN OSBOTO	ON)			13e. SIE		ESS				
a T NA		Edward	1	WIDDLE			demus			An An	nie	М	Kate		Fo	oltz	
BALTIMORE, ME OURS AFTER DEATH WITH FORM PM IT PAGES 1 AND OURSION OF VITH	160. N	WAS DECEASE YES, NO, OR UNKNO	D EVER IN U.S.	ARMED FORCE GIVE WAR OR DATES	S?)		-36-71		Mr.		llen	Nicod	ADDR lemus	KI	d. onst		713 Md.
DS, 301 W. PRESTON ST EXECUTED WITHIN 24 HG IG" IN PENCIL IN ITEM CAL EXAMINER ALONG AND MENTAL HYGENE CON, OR REMOVAL.	7	Condition gave ricouse (o	ns, if any, whose to immed) stoting the unause last.	DIATE CAUSE (c	#E812 TO, OR AS COLI TO, OR AS	2 - I SACON LISI SACON DURA	MOTOR SEQUENCE ON WIT SEQUENCE OL HEMA	H AND DE (MA	OTHER A88 I V	MOTO E BRA CEREE	OR VEH	HICLE	WITH	1	NG BE	APPROXIMATE ETWEEN ONSET DAY PLUS EVERAL	S AND DEATH
ITAL RECORI SHOULD BE ERD "PENDIN CHIEF MEDIN CHIEF MEDIN OF HEALTH	CERTIFICATION	19a. DATE OF	OPERATION	19b.	CONDITIO	N FOR V	WHICH OPER	ATION W	AS PERFOR	RMED?					20.	AUTOPSY?	NO K
THIS CERTIFICATE SHC WARRED TO THE CM PAGE 3 SHOULD BE USTATE DEPARTMENT OF	MEDICAL CERT	UNDERLYING CONTRIBUTI 21d. INJURY (NG CAUSE	OF DEATH 21e	PLACE OF REET, FACTOR	ARCH INJURY	(AT HOME,	21f. LO	TH TRE	UCK				100		OLL [8]	ION
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. WI PAGE 4 SHOULD BE FORWALTO FUNERAL DIRECTOR: PAGAFTER DEATH WITH THE STATIONORE, MARYLAND, 21201	23a.	100	NAME EDI	harge of the rem laturol causes	oins descri	ccident	ve, held on X Su	Autop	Homi TITLE (S DEPI	Inspecticide SPECIFY) UTY 217 HAGE	Under WEST	Inquiry ermined mo ICAL EXAM WASHI	AINER INGTO	and in my , DAT SIG	opinion TE A	PR. 1(0,1979
DHMH - 17 (VR A15 ME (5)) 15M 7/77	24.	ONNE H.					Maryla			25g. DAT		1619	373° R	EGISTAR	Selch!	mel	7

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	Allen Mob. sums,	5 . April 1915	1.315		H H Thus
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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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7.00	J		i U	-1	1 0

		CEASED NAME	FIRST											
		OR PRINT!			MIDDLE	·	AST		20. DATE OF	DEATH MO	HIMO	DAY YEAR	2b. H	OUR
	,		Ralph	M	iller		ver		April	7,7	1979		-	051
	3 SEX	(9	4 RACE		5 DATE C		YEAR	6 AGE (IN YEA	RS LAST BIRTHD	PAYI	MONTHS DAY		DER 24 P
		Male		White		Apri		1900	79		YRS.			
2		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D INEVERMA	RRIED	9. BALTIMOR	E CITY OR	COUNTY	OF DEATH		
35		Maryland		US		WIDOWE		RCED		Ington			73	
0.		TY OR TOWN OF DE			HOSPITAL, NURSII TH FACILITY, GIVE STREET		OR OTHER INSTITU	UTION	12a USUAL O (TYPE OF WORK F			126. KINE INDUSTR		INESS
70		Hagerstow			Manor N		Home					Shoe	Mfg	-
21	13a S		136 COUN	VTY _	13c. CITY OR TOV	VN	13d. INSIDE CITY		13e. STREET A		a and a	Arennu		
00		THER'S NAME	Masi	nington	Hagerst	OMIT	YES X N	AAIDEN NAA	208 Bu	iena v	18ta	Avenu	18	
211		Miller		S.	LAST		A1			MIDDLE		Wol	LAST	
2/1/	16n W	/AS DECEASED EVE	RINUS AR		Over	URITY NO.	17. INFORMANT			ADDRESS	S,, .			_
1		ES, NO OR UNKNOWN]		E WAR OR DATES)						loute		Box 1	1	
		No			214-09-5		Mrs Doni	ia sou	uers F	lagers	town	Md	OXIMATE IN	TERVA
	- 13	18 CAUSE OF DEA PART I. DEATH	VAS CAUSE	nly one couse per D BY:	0 -	1	Is He	nut-	Kailu			BETWE	-	AND DE
									4111	W - C)		-	C54	C .
-		1/2 . / .	IMMEDIA	TE CAUSE (a)	congo	04611	VS 1720						,	-
		4340	IMMEDIA		R AS A CONSEQU		V 3_ /120					7	Jax	-
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	Sep. 17-286	gove rise to in	y, which nmediote ing the	DUE TO, O	RASA CONSEQUE	JENCE OF	/	,	osis Piosci	lares	. 18	3	dex Yts	3
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	ION	gove rise to in couse (0), stot underlying cous	y, which nmediote ing the ie lost.	DUE TO, O	RAS A CONSEQUENCE OF THE PROPERTY OF THE PROPE	JENCE OF JENCE OF DEATH BUT	Thre sculer not related to	Arte OTHE TERM	INAL DISEASE	OR CONDI	TION GIV			\$
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		gove rise to in couse (o), stot underlying couse (o), stot underlying couse (o). The stot of the stot	y, which immediate ing the ing	DUE TO, O (c) DUE TO, OI CONDITIONS CO 19b COND 21b. TIME O HOUR A. P. 21e. PLACE: (AT HOME, STR itol) ottended th	R AS A CONSEQUENCE OF THE PROPERTY OF THE PROP	JENCE OF JENCE OF DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.)	NOT RELATED TO N WAS PERFORA 21c. HOW INJU 211 LOCATION STREET and that in (my) (a) DEGREE ATT PH 22e ADDRESS	AY TE O THE TERM MED JRY OCCURR 19—76—10) opinion of	200 AUTOI YES TECHNICAL AND THE TECHNICAL DIRECTOR	PSY? NO DI URE OF INJURY CITY OR TOWN To the dote	20b. IF YE. IN CERTII YE. IN ITEM 18, I	COUNTY 19 22t. De	DINGS U ES OF D NC	STATE () (we) s stoted
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A.K. Coffman Funeral Home, Inc. Hagerstown, Md.

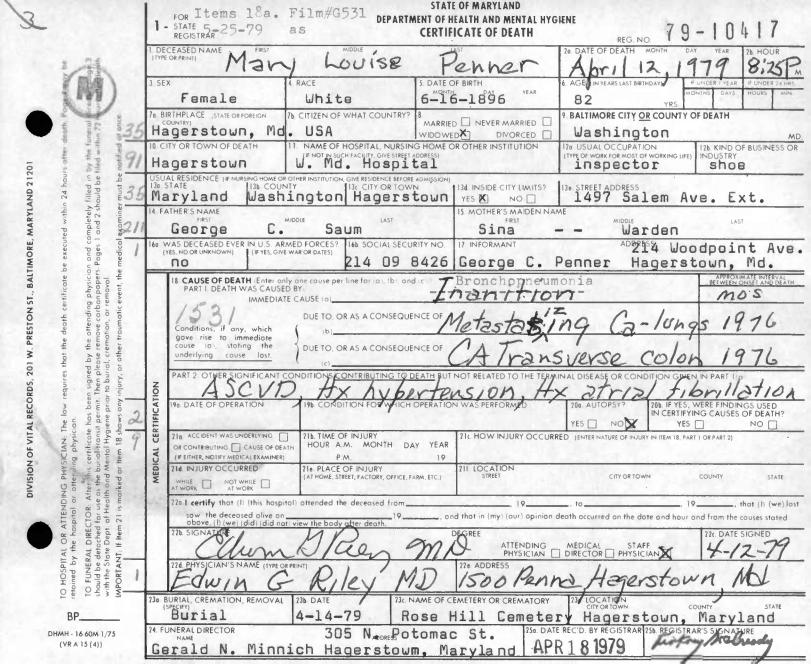
DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

OR ATTENDING PHYSICIAN: The hospital or ottending physician.

retained by the hospital

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BP. DHMH - 16 50M 7/77 (VR A 15 (4))

Osborne Funeral Home PO box 343

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10418

1	REGISTRAR		CERT	FICATE OF D	EATH	REG. NO.	1 3				
	CEASED NAME FIRST	MIDDI	LE	LAST			ONTH	DAY YEAR	26 HOUR		
	Pauline	Mabe	1 P	etefish	10.15	Apr	il	10 1979			
3. SE		4 RACE	5. DATE	OF BIRTH		6 AGE (IN YEARS LAST BIRTHE	AY]	IF UNDER I YEAR	IF UNDER 24		
	female	white	Tanii	ary 24	19 10	69		MONTHS DAYS	HOURS		
7a. BII	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHA		ary z-+		9. BALTIMORE CITY OR	COUNT	YOFDEATH			
cc	OUNTRY)		MARR	ED NEVER N	ARRIED -			. O. DEAM.			
	rgin ia	USA	WIDOV		ORCED	Washingto					
10. CI	TY OR TOWN OF DEATH		PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS)	OR OTHER INST	TUTION	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V	N VORKING L	12b. KIND C	F BUSINESS		
Ha	gerstown		on County H	ospital	2400	cafeteria ma	nage	er Educa	tion		
USUA	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE	E RESIDENCE BEFORE ADMISSION	η							
	STATE 136 CO		CITY OR TOWN	13d. INSIDE CI	_	13e. STREET ADDRESS	-				
7 7 7		hington S	harpsburg	YES 🔄	NO [244 W. Main	Str	eet			
	THER'S NAME FIRST	MIDDLE	LAST		MAIDEN NAM	WIDDLE		LAS	it		
Wi	illiam		Duncan	Bla	nche			UNKO			
	VAS DECEASED EVER IN U.S. A		SOCIAL SECURITY NO.	17. INFORMA		ADDRES	S				
(Y	(ES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	14-34-0745	11:77:	D-1-0	· 1 1100 Mos					
-		ish 110E. Mai	0.51		Shura MATE INTERVAL ONSET AND DE						
	18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (e)										
	PART I. DEATH WAS CAUSED BY:										
	IMMEDIATE CAUSE (0) LEWIN DUPPERLINER MARKET										
	2384 DUE TO, OR AS A CONSEQUENCE OF										
	Conditions, if ony, which										
-11-	gove rise to immediate										
	couse (0), stating the DUETO, OR AS A CONSEQUENCE OF										
	underlying couse lost (c) Polyenthia Ruba vela										
	DART 2 OTHER SIGNIFICANT	CONDITIONS CONT		T NOT BELLIEF	TO THE TERM	NAL DISEASE OR CO. IN	TIONIC	VENT DARK T			
z	PART 2. OTHER SIGNIFICAN		KIBUTING TO DEATH BU	NOI KELATED	IO THE TERMI	NAL DISEASE OR CONDI	HON GI	VEN IN PAKI I	3)		
5	7. 02.00		aplacco				14.				
CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	196 CONDITION FOR WHICH OPERATION WAS PERFORMED					S, WERE FINDIN			
Ē	NEED TO BE SHOWN					YES NO YES NO NO F					
ER	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF IN	1214 HOW/IN	LIPY OCCUPATION							
	OR CONTRIBUTING CAUSE OF E		MONTH DAY YEAR		OK! OCCURRE	ED (ENTER NATURE OF INJURY	IN HEM 18.	PART I OK PART 2)			
A	(IF EITHER, NOTIFY MEDICAL EXAMINE	EATH	19								
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF 1		211 LOCATIO	N						
NE NE			FACTORY, OFFICE, FARM, ETC.)	STREET		CITY OR TOWN		COUNTY	STATE		
-	WHILE NOT WHILE AT WORK AT WORK										
	220.1 certify that (1) (this haspital) attended the deceased from Tederical 15) 19 12, to age 10, 19 74, that (1) (we)										
	saw the deceased alive	n arell	~	and that is (my)	gur) poinion d	enth accurred as the date	and b-	17-7-1			
	saw the deceased alive on										
	22b. SIGNATURE	1	- 10	DEGREE				22c. DATE	SIGNED		
	60	K Toward	(May)		TENDING	MEDICAL STAFF		Sale	11,7		
	224 DHYCICIANIC NAME	1 deced	1000		HYSICIAN A	DIRECTOR PHYSICIA	17 L	Mile	1.10		
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS							
22- 2	UIDIAL COEMATION PENSON	I In DATE	199, 114415 05	CEMETERY CO.	DELLATORY	236. LOCATION					
230. B	BURIAL, CREMATION, REMOVA	L 23b. DATE	ZSC. NAME OF	CEMETERY OR C	REMATORY	CITY OR TOWN		COUNTY	STATE		
	Burial	April 13	1979 Mt. Vi	ew Cemet	erv	Sharpsburg	Wa	shingto	n MD		
24 EI	INIEDAL DIPECTOR	- Pillill 19	17/7 Willia VI	ew center	250 DATE	REC'D BY REGISTRARIZE					

Wmspt., MD

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BP. DHMH - 16 50M 7/77 (VR A 15 (4))

injury, ar ather traumatic event, the

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 79-10419					
ı	DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR				
L	(TYPE OR PRINT) George	Edgar Pete		April 9, 1979					
1	3. SEX	4 RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS				
L	Male	White	Aug. 14, 1914	64 YRS.					
7	BIRTHPLACE (STATE OR FOREIGN Penna .	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH				
1		USA	WIDOWED NORCED	Washington	MD.				
7	Hagerstown	Washington C	ADDRESS! O. Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Truck driver	12b. KIND OF BUSINESS OR INDUSTRY Co. Rds.				
	USUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)		1000				
		hingtonHagers		13e. STREET ADDRESS					
	4. FATHER'S NAME	ningcommagers	IS MOTHER'S MAIDEN NA	<u> 9 Linbar Driv</u>	VR				
٥	Adam	Peterson	FIRST	argaret Free	LAST				
T	60 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRESS					
L	no	214 16	1045 Glenn E. F	Peterson Chews	ville, Md.				
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	by one couse per line for 101, 141, ch	HOLLA O. A.100	R	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	IMMEDIATE CAUSE (a)								
1	410-	en							
ı	Conditions, if any, which	10							
1	gove rise to immediate								
	gove rise to immediate cause in stating the underlying cause fast.	DUE TO, OR AS A CONSEQU	ENCE OF						
	underlying coure fost. PART 2 OTHER DIGNIFICANT (1. (0	ENCE OF DEATH BUT NOT RELATED TO THE TERM	VINAL DISEASE OR CONDITION GIVE	EN IN PART 1(0)				
	underlying coure fost. PART 2 OTHER DIGNIFICANT (Personet		20a AUTOPSY? 205. IF YES	, WERE FINDINGS USED				
	underlying coure fost. PART 2 OTHER DIGNIFICANT (Personet	<u>DEATH</u> BUT NOT RELATED TO THE TERM	200, AUTOPSY? 205, IF YES, IN CERTIFY					
	PART 2 OTHER JIGNIFICANT LINE DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	ADITIONS CONTRIBUTING TO VIE. CONDITION FOR WHICH 21b. TIME OF INJURY	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED 211: HOW INJURY OCCUR	200, AUTOPSY? 205, IF YES, IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO				
	PART 2 OTHER DISTRICT THE LAND COURSE INST. PART 3 OTHER DISTRICT THE LAND COURSE INST. PART 4 OTHER DISTRICT THE LAND COURSE INST. PART 5 OTHER DISTRICT	ADITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED 211; HOW INJURY OCCURI	200 AUTOPSY? IN CERTIFY YES NO YES	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO				
	PART 2 OTHER DISTRICT THE LAND COURSE INST. PART 3 OTHER DISTRICT THE LAND COURSE INST. PART 4 OTHER DISTRICT THE LAND COURSE INST. PART 5 OTHER DISTRICT	THE PLACE OF INJURY	OPERATION WAS PERFORMED 211: HOW INJURY OCCURI	200 AUTOPSY? YES NO FINIURY IN ITEM 18, PA	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO ART I OR PART 2]				
	PART OTHER DESIGNATION 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D.	OPERATION WAS PERFORMED 211: HOW INJURY OCCURI	200 AUTOPSY? IN CERTIFY YES NO YES	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO				
	PART OTHER MONEY IN THE MORE OF DEATON 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATON 210. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hasp)	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 1)	DEATH BUT NOT RELATED TO THE TERM I OPERATION WAS PERFORMED 216. HOW INJURY OCCUR! 19 216. HOW INJURY OCCUR! 19 216. HOW INJURY OCCUR! 19 216. HOW INJURY OCCUR! 217. STREET	200 AUTOPSY? JOB IF YES IN CERTIFY YES NO FINJURY IN ITEM 18, PA	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO ART 1 OR PART 2 COUNTY STATE				
	PART OTHER DOT OF PRATION 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE. (IF ETHER NOTH'S MEDICAL EXAMINER) 210. 1 certify that (1) (this hosping the decease of the contribution of the decease of the contribution of the decease of the decease of the contribution of the decease of the contribution of the decease of the decea	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21c PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 1)	DEATH BUT NOT RELATED TO THE TERM I OPERATION WAS PERFORMED AY YEAR 19 21f. HOW INJURY OCCURI 19 21f. LOCATION STREET	200 AUTOPSY? YES NO FINIURY IN ITEM 18, PA	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO ART 1 OR PART 2 COUNTY STATE				
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	PART OTHER GOVERNMENT 210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATHOR 210. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK AT WORK 270.1 certify that (1) (this hosping of the deceased alive on t	THE CONTRIBUTION FOR WHICH THE CONTRIBUTION FOR WHICH THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, INT) THE BENEVATION DESCRIPTION OF INT THE	DEATH BUT NOT RELATED TO THE TERM I OPERATION WAS PERFORMED AY YEAR 19 21c HOW INJURY OCCUR! 19 21f LOCATION STREET ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? YES NO SINCERTIFY YES NO SINCERTIFY YES NO SINCERTIFY YES CITY OR TOWN TO STAFF PHYSICIAN STAFF PHYSICIAN STAFF	WERE FINDINGS USED YING CAUSES OF DEATH? S NO ART 1 OR PART 2 COUNTY STATE Tond from the couses stoted				
	PART OTHER MONITOR TO THE MINE THE PART OTHER MONITOR TO THE MONIT	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21c PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	DEATH BUT NOT RELATED TO THE TERM I OPERATION WAS PERFORMED AY YEAR 19 21t. HOW INJURY OCCUR! AND STREET AND DEGREE ATTENDING PHYSICIAN 22e ADDRESS NAME OF CEMETERY OR CREMATORY	200. AUTOPSY? YES NO NO NET YES NO NO NET YES NO NET YES YES NO NET YES YES NO NET YES YES NO NET YES YES NO NET YES YES NO NET YES YES NO NET YES YES NO NET YES YES NO NET YES YES NO NET YES YES NO NET YES YES NO NET YES YES NO NET YES YES NO NET YES YES YES NET YES YES YES YES YES YES YES YES	COUNTY STATE				
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John E. Bray, pr. Googles, Perstant Till and The

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-10471

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	19-11	0421	
	CEASED NAME	FIRST A	NOOLE	AST			EAR 2b. HO	UR
(117	FIRE) 1/.	Phill	1:05	april	8.19	79 2:	40PM
3. SE	X	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		DAYS HOURS	ER 24 HRS
	Female	Cauca	sian mac	14 150	87 847	YRS	DAYS	MIN
	IRTHPLACE (STATE OR FO	REIGN 76 CITIZEN OF	WHAT COUNTRY? 8 MARRIET	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEA	TH	
5	md.	4.5.	A. WIDOWE	DIVORCED [WAShin	9+0N	co.	MD.
10 C	ITY OR TOWN OF DEA		HÖSPITAL, NURSING HOME O H FACILITY, GIVE STREET ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPAL (TYPE OF WORK FOR MOST O	F WORKING HEEL INDU	IND OF BUSIN	IESS OR
H	AgeRStow	N Auglon			Housewife		wn Home	8
130	STATE	13b, COUNTY	GIVE RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			
	md.	WAShington	BOONS BORD	YES NO	40 W. ma	cn St.		
14. F.	Daniel	Marshall	Shawen	15. MOTHER'S MAIDEN NA		ouise G	oshell	
				FIRSTJosep			osnett	
		N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	200 6 1	Main Si	t.
-	NO		218-30-95410	Mr. Wilbur F	· Filtitips,	Roonspo		
	18 CAUSE OF DEATH PART I, DEATH WA	Enter only one couse per AS CAUSED BY		. 11.44.1		BET	PPROXIMATE INTE	ERVAL ID DEATH
		IMMEDIATE CAUSE (0)	LECIKEMIA	CHICONIC	GRANULO	CYTIC	1 YR	
	2051	DUE TO, OF	R AS A CONSEQUENCE OF					
1	Conditions, if ony,							
10	couse (o), stating	the DUE TO OF	AS A CONSEQUENCE OF					
	underlying couse	lost (c)						
z	PART 2 OTHER SIGN	IFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	DITION GIVEN IN PA	ART 1/o	
유		ENLIOSCHE		JEMIA			400	
CERTIFICATION	190 DATE OF OPERAT	ION 196 CONDI	TION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES		ATH?
18	210. ACCIDENT WAS UND			21c. HOW INJURY OCCUR			(
	OR CONTRIBUTING C.	AUSE OF DEATH	M. MONTH DAY YEAR M. 19					
MEDICAL	214 INJURY OCCURR	ED 21e PLACE (OF INJURY	211 LOCATION				
×	WHILE NOT WH	ILE AT HOME, STR	EET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOV	wn count	JY S	STATE
100		(this hospital) attended the	deceased from AP	KIL 19 78	to APR	16 1979	, that (1)	(we) lost
	sow the decease	did in view the body	6 19 79 on	d that in (my) (our) opinion	death occurred on the de	ote and hour and from	-	
	226. SIGNATURE	(did not view the body		DEGREE		22c.	DATE SIGNED	
1		& course		ATTENDING PHYSICIAN	MEDICAL STATE		1/9/29	p
	224 PHYSICIAN'S NA	ME (TYPE OR PRINT)		22e ADDRESS			1111	
1	1 /C A	WARLLEO	MX	127 KI	116 57	HAGENS	STOWAL	Mid
23o	BURIAL, CREMATION, F	REMOVAL 236. DATE	23c. NAME OF CI	METERY OR CREMATORY	23d LOCATION		7.9	- 17. A.V
(Burial	4-11-		ro Cemetery,	Boonsbor	o, Wash.	Co. Mc	d.
24 F	UNERAL DIRECTOR			250 DAT		25b. RESTSTRAR'S SIG		
	John H	H. Bast, Jr.	Boonsboro,	Md. 21713	1 0 13/3	7		7

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

Light . The Carporate of the Control of the Control

REGISTRAR

STATE OF MARYLAND

79-10422

YES [

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH DECEASED NAME MIDOLE 2b. HOUR (TYPE OR PRINT) (NMN) Pirl 6:56P Robert April 27, 1979 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNOFR I YEAR IF UNDER 24 HRS MONTH MONTHS DAYS HOURS 1937 June 28. Male White BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Washington County Pennsylvania USA DIVORCED WIDOWED 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17b. KIND OF BUSINESS OR Type of work for most of working Life)
Maintenance Motel Washington County Hospital Hagerstown USUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 1136. COUNTY 1136. CITY OR TOWN 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Washington Hagerstown Maryland East Franklin Street 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME FIRST MIOOLE MICOLE Pirl Marietta Schmuck Harry 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Route # Box 132-A (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES) No 161-30-8417 Mrs Evelyn Henry Connellsville, Pa. 15/2 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),
PART I. DEATH WAS CAUSED BY: DASUZA IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF MUDGARDION INFARCTION Conditions, if onv. which gave rise to immediate couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

YES 🗍 NOF 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

IF EITHER, NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 211 LOCATION 71d INJURY OCCURRED CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

NOT WHILE 220.1 ceftify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on. (we) (did) (did not) view the body after death

22e ADDRESS PHYSICIAN'S NAME (TYPE OR PRINT) 1825 Howell Road, Hagerstown, Md. 21740

DEGREE

23d LOCATION 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL Normalville Cemetery Normalville. Fayette. Burial

24 FUNERAL DIRECTOR Coffman Funeral Home, Inc, Hagerstown, Md. (VR A 15 (4))

061

DHMH - 16 50M 7/77

MEDICAL

ATTENDING

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

STAFF

STATE

22c. DATE SIGNED

STATE

	1E 27, 1979	et a fill	2.37		(100)		
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		and merce			
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

medicol examin

injury, or other troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

24. FUNERAL DIRECTO

Davis

Funeral

4 moy be

FOR

	STATE OF MARYLAND
	DEPARTMENT OF HEALTH AND MENTAL HYGIEN
4.0	CERTIFICATE OF DEATH

Home, Smithsburg,

10124 7 0

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	1-10424
	DECEASED NAME FIRST ITYPE OR PRINT)	WIDOLE	LAST	20. DATE OF DEATH MONTH DA	Y YEAR 2b. HOUR
	David	Oswald	POUND	Spril 14, 1979	11:30 P
,	3. SEX	4 RACE	5. DATE OF BIRTH		FUNDER LYEAR IF UNDER 24 HRS
ì	Male	White	May 9, 1885 YEAR	93 YRS MC	ONTHS DAYS HOURS MIN
	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY C	OF DEATH
5	Maryland	U.S.A.	WIDOWED DIVORCED	lachington	MD.
3	Williamsport	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET HOMEWOOD Retire	ADDRESS) Ment Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) POSTMASTET	126. KIND OF BUSINESS OR INDUSTRY Office
5	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 136. COU!	NTY II CITY OR TOW	EADMISSION) 13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	
1	14 FATHER'S NAME FIRST George	MIDDLE Pound	15. MOTHER'S MAIDEN N FIRST Sarah	MIDDLE	Oswald
	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU		ADDRESS	
	(YES, NO OR UNKNOWN) (IF YES, GIV	213-01-2	400 Mrs. Margar	et T. Ransom, Cator	nsville. Md.
	Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (1) DATE OF OPERATION 19a DATE OF OPERATION		Uxllsian C/W	RMINAL DISEASE OR CONDITION GIVES 200. AUTOPSY? IN CERTIFY!	N IN PART 1(a) WERE FINDINGS USED NG CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	I 21. HOW/INJURY OCC	JRRED JENTER NATURE OF INJURY IN ITEM 18, PAR	NO
		HOUR A.M. MONTH DA	AY YEAR	JRKED JENIER NATURE OF INJURY IN HEM 18, PAR	TTORPART2)
	OR CONTRIBUTING CAUSE OF DE.	P.M. 21e. PLACE OF INJURY	21f LOCATION		
	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
	saw the deceased alive on	ital) attended the deceased from 197	DEGREE ATTENDING	n death occurred on the date and hour of	ond from the couses stated 22c. DATE SIGNED.
	AND WATER	Y NOVENS		rkstown.	n)
	23a BURIAL, CREMATION, REMOVAL (SPECIFY)		thehura Cometern	CITY OR TOWN	OUNTY STATE

BP. DHMH - 16 50M7/77 (VR A 15 (4))

retained by the hospital or attending physician.

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					DIVISION	N OF VIT			ESTON STREET			/LAND 21201			_110-6
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death.			CEASED-NAME /pe ar print)	First ANNA			Middle K	4-2	Last REIFF	20	a. DATE OF D		Day Y	/ear	2b. HOUR
in 37.	3 3	3. SE	(4. RACE				S. DATE OF BIRTH		6	S. AGE (In years	IF UNDER		IF UNDER 24 HRS.
the age			Female	2	Wh	nite			Sept.1	2,189	5	last birthdoy)	RS. MONTHS	DAYS	HOURS MIN.
hours after n by the s. Page hours at	21		IRTHPLACE (State	or fareign	7b. CITIZEN	OF WHAT C	OUNTRY?	8. MARRIED	NEVER MARRIED		DUNTY OF D	EATH			
4 i	35	coun	M.d.		4	10.1	*	WIDOWED	*			ngton			Md.
The law requires that the death certificate be executed within 24 attending physician. has been signed by the attending physician and completely filled se as the burial-transit permit. Then please remaye carban pape th priar ta burial, crematian, ar removal, and in any event, within 72	90		ty or fown of Laugans			give street	of HOSPITAL OR IN address)	,		during most o	CUPATION (K	(ind of work do e, even if retired as even	ne 12b. k 1 1NDU	(IND OF BU	USINESS OR
omplete ve carb event,	00	13a.	USUAL RESIDENCE	(Where deceose	ed lived, if i	institution: R	Residence before	13c. CITY OR 1	TOWN 13d.	INSIDE CITY LIMITS?	13e. STRE	ET AND NUMBER		1.1	
com com ave y ev	35	M:	ryland				ig ton	Mauga	ans.	S NO	1//	langa	75814	18,1	1201
e death certiticate be executed withi attending physician and completely fi vermit. Then please remave carban an, ar removal, and in any event, with	210	14. F	ATHER'S NAME	First Sieo.			Sto wit 7	1S.	MOTHER'S MAIDE	N NAME First	, 5	Middle	24116	-	Lost
raician sician please l, and i	1	16a.	WAS DECEASED EV	ER IN U.S. ARM		16b.	SOCIAL SECURITY		FORMANT	/	Ç	Address	LATE	-07	
physi en pl oval,	/	()	s, ng/ of wiki own	(If yes give w	ur or dates of sen	/(ce) 2	14-74-	2774	Lam	wite 1	narte	un - mo	rugas	SVC	Kild.
that the death certifi an. by the attending phy transit permit. Then cremation, ar remova			18. CAUSE OF D	EATH (Enter and	y one couse	per line for	r (o), (b), ond (c))							ET AND DEATH
attendii attendii permit. ian, ar re			411-1	IMMEDIA	TE CAUSE (a)	Pul	monary	Embo]	lism					WEST	22
he at per tian			Conditions, if on		DUE TO), OR AS A	CONSEQUENCE OF								
nat the			rise to immedio	te couse (o), ((b		CONSEQUENCE OF								
equires that the physician. Signed by the burial-transit burial, cremat			stoting the undi	erlying cause	000 10), OK AS A (CONSEQUENCE OF								
physicic signed burial-t burial, a			PART 2. OTHER S	GIGNIFICANT CON	IDITIONS CON	NTRIBUTING	TO DEATH BUT N	OT RELATED TO	THE TERMINAL DIS	SEASE OR CONDI	TION GIVEN I	N PART 1(o)			
en s en s ta b		2			Artou	losel.	. Hr. 7	Paa-							
al ar attending icate has been far use as the Health priar ta	2	CERTIFICATION	190. DATE OF OPER	RATION 19b.	CONDITION F	OR WHICH O	PERATION WAS PE	RFORMED	20a. AUTOPSY?			ES, WERE FINDING OF DEATH?	S CONSIDERE	D IN CER	TIFYING
e house	06	ERTIF	21o. ACCIDENT WA	LS UNDERLYING	- Inu T	IME OF INJU	InV	102 1102	YES T	NO X			0 1 101		
piral ar attending trificate has been d far use as the af Health priar ta	9	MEDICAL C	OR CONTRIBUTING [CAUSE OF DEA medical examine	ATH HOUR	A.M. Mo	onth Day Yeor	9	W INJURY OCCURR		are at injury	in Port I ar Part	2, Ifem 18.)		
retained by the haspital of attending ECTOR: After this certificate has been 3 should be detached far use as the with the State Dept. af Health priar ta			21d. INJURY OCC While Nat w ot work ot wi	URRED 21e.	PLACE OF IN	JURY (AT HO	OME, FARM, STREET, FA CE BUILDING, ETC.	(TORY.) 21f. LOC	CATION Street ar	R.F.D. No.	City ar	Tawn	Count	Y	State
by the free be described			22a. I certify	that (I) (th	s hospital) attende	ed the deceas	ed fram_1	lay	_, 19_78	, ta Ap	ril,	19_79	that (l) (see last
ATTENDING PHYSICIAN: stained by the haspital ar CTOR: After this certificate shauld be detached far t ith the State Dept. af Heal			causes s	deceased al	ive an	Mar (did) (did	nat) view the	body after d	May that in (my) (eath.	o≱r) apınıar	death ac	curred an the	date and	haur ar	nd fram the
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-trai shauld be filed with the State Dept. af Health priar ta burial, cre			22b. SIGNATURE	//		07	1000	Vala	ATTENDING	MED.		STAFF 2	2c. DATE SIG	NFD	
			22d. PHYSICIAN'S		ou	< U	CO	N WARRE	PHYS.		OR L	PHYS.	4/3/	19	
ERAI FILL P	1		NAME (Type	1	rd N.	Wee	ks. M.	D.P.A.			hern	Ave. H	ager	5 M	ID.
TO HOSPITAL OR Page 4 may be r TO FUNERAL DIRE director, page 3 shauld be filed w		23o	SOLIAL, CREMATIC	ON, 23b I	DAY 1			CEMETERY OR C		23		(City or Town)	(Count	y) /	(State)
5 5 5 je 4		1	WAL (Specify	17	16/7	19	Broa	dordo		7 /	Cal	artops	M	4.	. (5)
VR A15		24.	UNERAL DIRECTO	n /	1	Car	ADDRESS	10 (I	250	441 I/ N	GIST19879	to sump	Service Comment	-Grand	7
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ES 2 2 1 - 9 1 Mark Brown Control of the Control of FOR

- STATE

DHMH-16 50M 7/77 (VR A 15 (4))

79-10426

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 1979 IF LINDER 24 HRS IF UNDER I YEAR HOURS BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY cooler mechanic Bottling Co. 104 Greenmount Avenue LAST Raymer

201 HENES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?

(ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY

STATE .

22c. DATE SIGNED

256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 415 E. Wilson Blvd., Hagerstown, Maryland 21740

STATE OF MARYLAND

CERTIFICATE OF DEATH

BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

STATE OF MARYLAND

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CERTIFICATIO

MEDICAL

Item 18

2

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10429

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH (TYPE OR PRINT) 3:25 April 10, 1979 Ludwig Georg Schlappner 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) White Male Nov. 17, 1912 To BIRTHPLACE ISTATE OR FOREIGN Th 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Washington County West Germany 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Hagerstown Western Maryland Hospital Center Mack Truck 13e STREET ADDRESS Washington Hagerstown 116 Knotty Pine Drive Maryland 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME Ludwig NMN Schlappner Wilhelmine Schmidt Hagerstown, Md. 60 WAS DECEASED EVER IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATES) Minna Schlappner, 116 Knotty Pine Dr., 147 34 7489

	mry one coose per me for (o), (b), and (c)	BETWEEN ONSET AND
PART I. DEATH WAS CAUSE	ATE CAUSE (o) Pulmonary emboli	immediate
4292 Canditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF (months
gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (S)ASCVD	years

90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21f. LOCATION 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

220 I certify that (K(this haspital) attended the deceased from sow the deceased alive on April abave, (1) (www.(did) (XXXX) view the book 19 79 _, and that in (my) (aur) opinian death occurred an the date and haur and from the couses stated

226. SIGNATURE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME ITYPE OR PRINT)

NOT WHILE

Western Maryland Hospital Center

Edwin G. Riley, M.D. 1500 Pennsylvania Ave., Hagerstown, Md. 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Apr. 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

Apr. 15, 1979 Lee Funeral Home MINNICH FUNERAL HOME 24 FUNERAL DIRECTOR

Washington, D. C.

415 E. Wilson Blvd., Hagerstown, Md. 21740

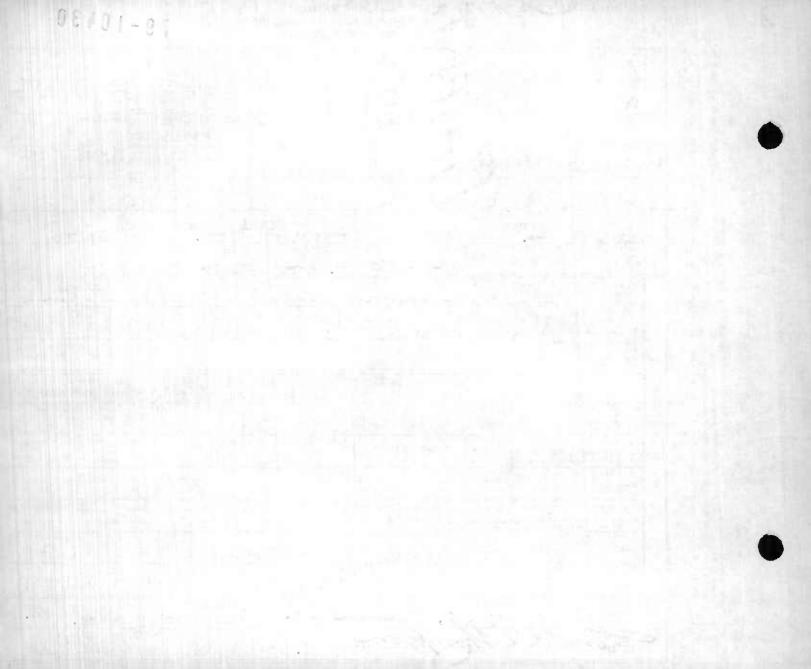
COUNTY

NO [

STATE

STATE

STATE OF MARYLAND



X			FOR STATE			DEPART	MENT OF	HEALTH			HYGIEN	IE			
0/			REGISTRAR		ME	DICALE	EXAMIN	IER'S C	ERTIFI	CATE	OF DEA	TH REG.	Ng 9 -	1043	
	병속사회는		CEASED NAMI E OR PRINT)	Lawren	ce	J.			irba	UGH		20. DATE KNOWN OF ESTI- DEATH MATED		DAY YEAR 122 no 79	263 НОЦР 3:35 Р. м
	Y, PLEAS	3. SEX	ale		July 16,	YEAR	6. AGE (IN YE LAST BIRTHD 70 Y	AY) MONTH	DER I YR.	IF UNDE	R 24 HRS. MIN.	2c. DATE PRONOUNCED DEAD	MONTH	DAY YEAR 122,1979	2d HOUR 3:35 P. M
	S A S A S		RTHPLACE (S		7b. CITIZEN OF W			RS.	-			9. BALTIMORE CITY			F . M
	FORE		REIGN COUNTRY)	inia		SA		WIDOW	ED X NE	VER MAR DIVOR		Washing	_		
	× × × · ·		TY OR TOWN		II. NAME OF HO	SPITAL, NUR						JAL OCCUPATION (1	YPE OF WORK	12b. KIND OF BU	MD.
	DELAY IS N TO THE FI V PAGE 5 BE FILED, DS, 301 W		agerst	LOWN	Washingt	con Co	unty I		tal	J-IE	sel	most of working life)	£	trucki	ing
1201	IF ANY DELA	13a. S		1136 COUNT	Υ	13c. CITY	OR TOWN		13d. INSIDE (CITY LIMITS?		eet address 631 Mary	land A	venue	
E, MD. 2	S 1, 2 PM C VITAL	14. FA	THER'S NAME	Vard Sir	baugh	ı	LAST			FIRST	Belle	MIDDLE		LAST	
BALTIMORE, MD. 21201	URS AFTER DE B. GIVE PAGE WITH FORM PAGES 1 AN DIVISION OF	16s. V (Y)	VAS DECEASEI	D EVER IN U.S. ARM		16b. SOC	IAL SECURIT	Y NO.	Mrs.		line	Hågen Sirbaugh,	rstown, 631 Ma	Md. aryland	Ave.
-	2 80		18. CAUSE O	F DEATH (Enter only	DV.				100					APPROXIMATE BETWEEN ONSE	INTERVAL T AND DEATH
N ST.	ERM I	95	TAKTIOL	IMMEDIATE	CAUSE (a) A				infa	rctio	n			2 Days	5
STO	A G D	2	410	ns, if ony, which	DUE TO, OF	AS A CON	SEQUENCE	OF						TO THE	
7	D WITHIN AMINER A TRANSIT ENTAL HY REMOVA		gove ris	se to immediate	<		oscler		heart	t dis	ease			Severa	
301 W	N W W W W W W W W W W W W W W W W W W W		lying cau		(c)		SEQUENCE							Yea	ars
ORDS,	E EX	NO	PART 2 OTHER SI	GNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELAT	ED TO THE TERM	IINAL DISEASE	OR CONDITIO	ON GIVEN IN P	'ART 1 (a).				
A D	吕显正 5 井景 "	ATI	19a. DATE OF	OPERATION	19b. CONDI	TION FOR V	WHICH OPER	ATION W	AS PERFOR	RMED?		N S S I N		20. AUTOPSY	>
ITAL		F	Non	e										YES 🖹	по П
DIVISION OF VITAL RECORDS, 301 W. PRESTON	FICA THE OUL STAN	CAL CERTIFICATION	UNDERLYING	AL CAUSE WAS OR NG CAUSE OF DE		M. MONTH	DAY YEAR	21c. HC	W INJURY	OCCURR	ED (ENTER)	None	IB PART 1 OR PART	1 2)	
DIVISIO	ARITING ARDED T GE 3 SH GE 3 SH ATE DEPAI 01 PRIOR	MEDICAL	21d. INJURY C	NOT WHILE AT WORK		OF INJURY TORY, FARM, ET			TATION			CITY OR TOWN	COUP	NTY	STATE
	EXAMINER: THE CERTIFICATE, WILD BE FORWADIRECTOR: PAWIFH THE STAMENT OF STAMENT OF STAMEND, 2120		22a. 1 certii . death resulti	4	l causes X,	Accident		Autops	Hami	Inspection		Inquiry ,	and in my opin	nion	
	CAL EXAN THE CERT SHOULD IRAL DIREC ATH, WITH RE, MARYL		ACTUAL SIGNATURE	France	ción G	,)	الميوال	,M.	,	Asst.	MED	ICAL EXAMINER	DATE SIGNED	4/24/7	9
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL C AFTER DEATH, BALTIMORE, MA		EXAMINER'S (TYPE OR PRII	VT)FLAII	cisco G.				ADDRESS_			rst St., H	agersto	wn, Md.	
	BP	bi	irial		pril 25,	197 % er				ery	Ge	CATION PRIOWN PRIOWN PRIOWN	20 0		٧a.
	DHMH - 17 (VR A15 ME (5))		51611F	TOR Minnic						25e. DA	listo Ja	GEOGRAG 25b. RE	LESK STERNEY	PARTIE LAND	4
	15M 7/77	4	115 E.	Wilson Bl	vd., Hag	ersto	wn, Md	. 217	40						

1840!-9 A THE REPORT OF THE PARTY OF TH

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10432

IF UNDER I YEAR

INDUSTRY

Flowers

COUNTY

22c. DATE SIGNED

1-2479

26 HOUR

HOURS

12b. KIND OF BUSINESS OR

Construction

NO M

STATE

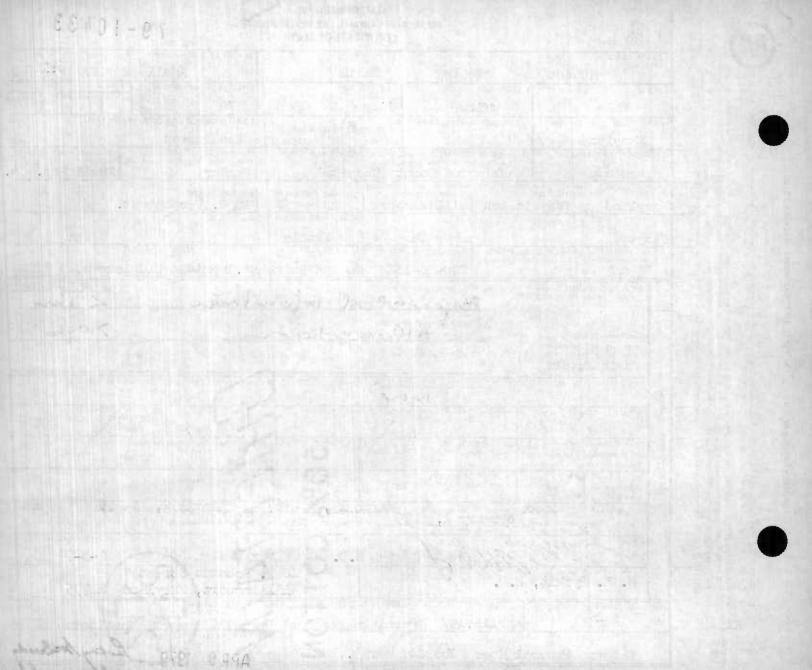
STATE

12:45A

DHMH - 16 50M 1/76 (VR A 15 (4))

FOR

- STATE



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-10434

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

REGI	STRAR				CERTIF	ICATE OF	DEATH		REG. NO.			
I. DECEASEI		Julia		rraine	S	nyder			of DEATH MO		979	26 HOUR 10 70 A
3 SEX Fe	male		4 RACE Whi	te	Apr.		1913	6 AGE (II	YEARS LAST BIRTHD	YRS	MONTHS DAYS	IF UNDER 24 HR
	rylar	nd		WHAT COUNTRY?	MARRIEI WIDOWE		MARRIED		ore city or hingto			^
9 Hage	rstov	m	(IF NOT IN SUC	HOSPITAL, NURSIN CHEACILITY, GIVE STREET, OBTON CO	ADDRESS)			TYPE OF W	OCCUPATION ORK FOR MOST OF V		FE) INDUSTRY	teria
Mary		136 COUN Wash	ingtor	Fairpl	apmission)	YES 🗌	CITY LIMITS?	Rt.	TAPORESS BO	x 5	6, Fai	
Geo	rge		MIDDLE H.	Mose			Minnie		McCa		Mos	e Mo
(YES, NO.C.	O CEASED EV		MED FORCES? (WAR OR DATES)	219-20-		17 INFORM Jess		der,	Rt. 1	, B	ox 56	
unde	2. OTHERS	GNIFCANT	ONDITIONS CO	R AS A CONSEQUE	DEMH BUT					1		9.5
CERTIFICATION 13/10 DV	ATE OF OPER	ATION	196. COND	ITION FOR WHICH	OPERATIO	V WAS PERF	OKMED	YES [NO D	CERT IF YE	S, WERE FINDIN FYING CAUSES ES	OF DEATH?
S OR CO	NTRIBUTING [HER, NOTIFY ME NOTIFY ME	CAUSE OF DEADICAL EXAMINER) JRRED WHILE WORK	P. 21e. PLACE	M. MONTH DA	19	21f. LOCAT	NJURY OCCURI	RED (ENTER	CIET OF FDWY	N ITEM 18, F	COUNTY	STATE
220.1	certify that	(I) (this hospi	A Marie body	7/ 10/		d that in (m)	, 19 (our) opinion	. MEDICA	L STAFF			
22d. Pr	YSIDIAN'S	NAME (TYPE O	print)	rahm	,	387	SS CONTR	DIRECTO	PAGA	M	gisto	softer
23a BURIAL, (SPECIFY)	CREMATION	N, REMOVAL	23b. DATE 4-20-	79 R	est.	Haver	CREMATORY Cemet	23d LO	CATION (tow	n. Was	h stat Mo

Rest Haven Funeral Chapels, Inc., Hag.,

DHMH - 16 50M 1/76 (VR A 15 (4))

MPORTANT: If them 21 is marked at them 18 shows any injury, or ather traumatic event, the medical exam

should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Mygrene prior to burial, cremation. ar removal

TO FUNERAL DIRECTOR: After this certificate has been

13 1 1 1 1 1

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- 5		
/		

ne funeral director, page 3 within 72 hours after death

signed by the attending physician and c

must be notified at ance

IMPORTANT: If Hem 21 is morked or Item 18 shows ony injury, ar other traumatic event, the medical examiner

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detacked for use as the burial-tronsit permit. Then please remove corban paper with the State Dept, af Health and Mental Hygiene prior to burial, cremation, ar removal

may be

STATE OF MARYLAND

Minnich Funeral Home

Al5 E. Wilson Blvd., Hagerstown, Md. 21740

10135

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

	1-	STATE REGISTRAR			DEPAI		ICATE OF DEA		ENE	REG. NO.	9-11	0 4 5	•	
		CEASED NAME	FIRST	. A	AIDDLE	t.	AST	1	2a. DATE OF		NTH DAY	YEAR	2b. HOUF	R
	(TYPE	OR PRINT)	Victo	r Co.	lumbus	SPI	RINGER		Apri	16,	1979			м
17	3. SEX	(4 RACE		5. DATE C			6. AGE (IN YE	ARS LAST BIRTHD		NDER 1 YEAR	IF UNDER 2	
		male		whi	te	Octob	er 9, 18	87	9	1	YRS.	HS DAYS	HOURS	MIN
		RTHPLACE (STATE	E OR FOREIGN	76. CITIZEN OF	WHAT COUNTR	2Y2 8	NEVER MAI		9. BALTIMOR	RE CITY OR	COUNTY OF	DEATH		4,1
35		arylan	d	US	A	WIDOWE		RCED 🗍	Was	hingt	on			MD.
	10 CI	TY OR TOWN O	DEATH		OSPITAL, NUR		R OTHER INSTITU	JTION	120. USUAL C	CCUPATION FOR MOST OF W		2b. KIND O NDUSTRY	F BUSINES	SSOR
77		agerst		Washi	ngton	County	Hospi	tal	machi		ORKHAG EWE	NDOSIKI	150	
20	USUA 13a. S	AL RESIDENCE (I	F NURSING HOME O	R OTHER INSTITUTION.	GIVE RESIDENCE BE		13d. INSIDE CITY	LIMITS?	13e STREET A	DDRESS				
35	Maı	ryland	Wash	nington	Hagers	town	YES N	○ 反	249	Robii	nwood !	Drive		
	14. FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S M		E	WIDDLE		LASI		
210		Wil	liam H	enry S	pringe	r	Mar	y Ang	eline	Rowe				
- 1	16a W	VAS DECEASED I	EVER IN U.S. AL	RMED FORCES?	16b SOCIAL SE		17. INFORMANT			ADDRESS				
	N	0			214-09	-2118	Victor	J. Sp	oringer	r,Hage	rstown		NATE BITTER	
	CERTIFICATION	462	any, which immediate stating the cause last.	(c)	R AS A CONST.	O DEATH BUT			vali NAL DISEASE		ION GIVEN I			7
F	IFICA	190 DATE OF O	PERATION	196 CONDI	TION FOR WHI	ICH OPERATIO	N WAS PERFORM	NED	200 AUTO		Ob. IF YES, WE N CERTIFYING	GCAUSES	OF DEATH	H?
-	ERT	21a, ACCIDENT W	AS UNDERLYING T	7 21b. TIME O	FINIURY		21c. HOW INJUI	RY OCCURRE		NO .	YES Z	,	NO 🗌	
- 1		OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A.	M. MONTH									
	MEDICAL	(IF EITHER, NOTIFY	MEDICAL EXAMINER	21e. PLACE (19	211 LOCATION							
	ME		NOT WHILE AT WORK	(AT HOME, STR	EET, FACTORY, OFFI	CE, FARM, ETC.}	STREET	SILE		CITY OR TOWN	1-00	OUNTY	STA	ATE
				(x1) attended the	deceosed from	m 12 7	6	1975	, to	X	ulg.		hat (I) (x	re) last
		sow must	spotted dive or	ot) view the book	19		d that in (my) (aq	🗶 apinian d	eath occurred	on the date	and hour and			
		774 STGHTABUR		11/11	10		DEGRE	ENDING	MEDICAL	STAFF		22c. DATE		
	1	100	uny	1/1	man	ed ,	PH	SICIAN D	DIRECTOR [PHYSICIA	N	9 Apr	., 7	9
1		22d. PHYSICIAN			1/2		22e. ADDRESS		۸	Ha e	MD C	1740		
				nford, M			1135 Po				MU Z	21740		
	23a. B	URIAL, CREMAT SPECIFY) DURIAL	ION, REMOVA				EMETERY OR CRE		23d. LOCA CITY OR	TOWN	cou		STAT	-
	_		-0	Apr.10			11 Cemet	ery	Hage	erstown	n, Wash	1., Ma	ryla	and_
	24. FL	JNERAL DIRECTO	JK [V	linnich I	uneral	Hame		ZSO. DATE	REC D. BT RE	GISTKAK ZSI	. KEGISTKAR	5 SIGNAM	JKE	-6.

DHMH - 16 50M 7/77 (VR A 15 (4))

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	e si li asmao promo reconstruire de la companya de La companya de la companya de
1973 200	

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-10436

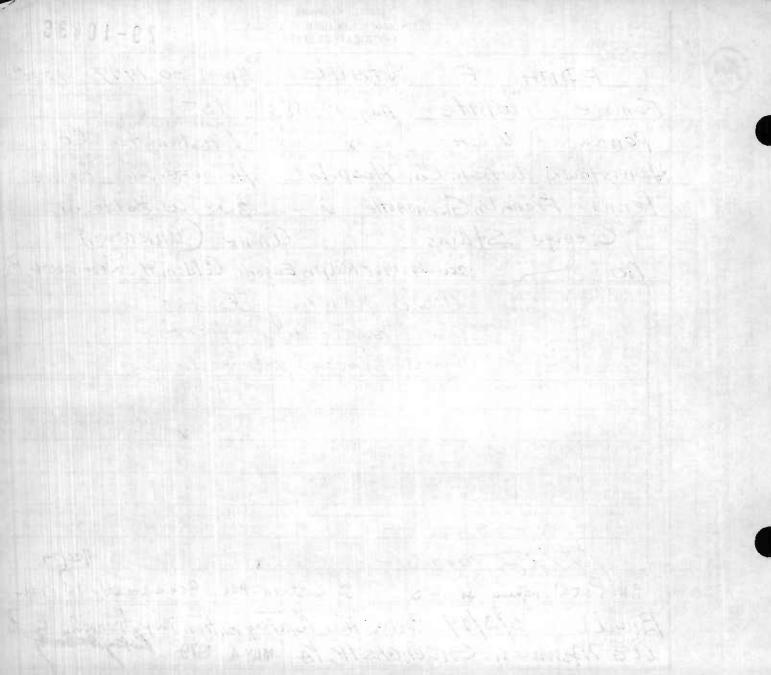
	REGISTRAR		CERTIFICATE OF DEATH	REG. N	0.
	CEASED NAME FIRST	WIOOFE	LAST		MONTH DAY YEAR 26. HOUR
	EDITH		STAHL	April 3	0,1979 12:30
3 SE	X	RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
1	emale	white	Aug. 17, 1883	95	YRS.
.7a. B	BIRTHPLACE (STATE OR FOREIGN 7	LOUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF DEATH
	Penna.	U.S.A.	WIDOWED DIVORCED	WAShi	ngton Co., N
10 C	agers town of DEATH	1. NAME OF HOSPITAL, NURSII	ADDRESSI HOSDITAL	120 USUAL OCCUPATION OF WORK FOR MOST OF	DE WORKING LIEE) INDUSTRY
USU 13a.	AFRESIDENCE (IF NURSING HOME OR CESTATE TO THE COUNTY OF T	OTHER INSTITUTION, GIVE RESIDENCE BEFORE AND LENGTH OF THE PROPERTY OF TOVE		130. STREET ADDRESS	J. Balto. ST.
14. F/	ATHER'S NAME— TO EGIGE	Stains	15. MOTHER'S MAIDEN NA	AIDDLE .	nknown) st
16a. \	WAS DECEASED EVER IN U.S. ARM (YES, MOOR UNKNOWN) (IF YES, GIVE V	NED FORCES? 166 SOCIAL SECTION AR OR DATES) 200 - 24	400	ene Coldsi	nith-Treencastle
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (a), (b), or		70	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		CAUSE (O) (Cul	e. fuem mary	Chama	Contract to the State of the St
	411	DUE TO, OR AS-A CONSEQU	ENCENCE	01	
	Conditions, if ony, which	acute	Musa cardial	mywich	ion
	gove rise to immediate	10)	1)	6	
	couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEON	end on and are	exincolor.	1-1-
		(c)			
Z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
1 1	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUR		
	OR CONTRIBUTING CAUSE OF DEAT		AY YEAR		
EDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	211 LOCATION		
MET	WHILE NOT WHILE AT WORK	(AT HOME, STREET, EACTORY, OFFICE,		CITY OR TOV	VN COUNTY STATE
	228.1 certify that (I) (this hospital	ol) ottended the deceosed from.	, 19	, to	, 19, that (I) (we) la
	sow the deceased alive on above, (1) (we) (did) (did not)	19	and that in (my) (our) apinion	death occurred on the de	ote and hour and from the causes stated
	22b. SIGNATURE	view the body offer deoffi.	DEGREE		224. DATE SIGNED
	1.7.17	2 10:00	ATTENDING PHYSICIAN	MEDICAL STAL	
1	22d PHYSICIAN'S NAME MYPE OR	KINTY	22e ADDRESS		. 0
	P.N. Pataline	Jung tr. M.D	. 50 Eastern	Aue. Gre	enceste, 79.1729
230.	BURIAL, CREMATION, REMOVAL	23h. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	- LOURSY 1. STATE
16	JULL	2/2/27 (e	dar Hul lemele	Ex Antrem 1	wpatranslin Co.
24 F	UNERALDIRECTOR	1 / /	25a. DAT	E REC'D. BY REGISTRAR	15a. Restallanda
	/ UMARIE - / W T	and I would be the same of the	- 12110 KA 14	AV A ILLIA	prof. J.

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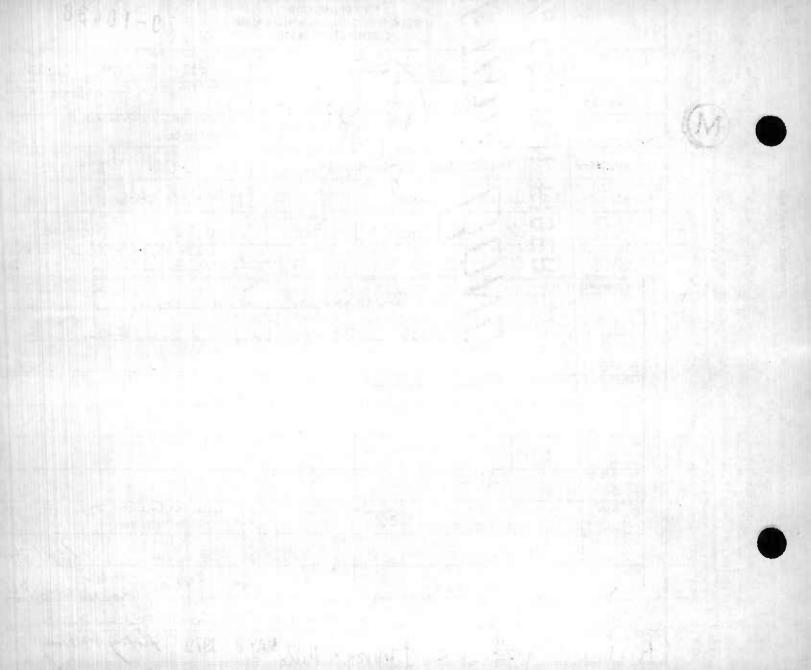
DHMH - 16 50M 7/77 (VR A 15 (4))

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10		tem 5 g532	6/12/79	gj			AARYLAND				. 7	
X	1-	FOR STATE			DEPARTMENT OF				70.	-104	31	
		REGISTRAR	FIRST	MEI	MIDDLE	AEK.2 C			REG. INC.			
1		CEASED NAME E OR PRINT)	FIRST		WIDDLE		LAST	OF	E KNOWN	Apr DAY	YEAR	218:10
18386		Fra	ncis	He	arv	Sude			H MATED	20	19 79	a M
护士	3. SEX	4. RACE	S. DATE	E OF BIRTH	1945 6. AGE (INY	EARS JEUN	DER 1 YR. IF UNDE	R 24 HRS. 2c. DA	TE UNCED Apt	20	79	12:3
× 26.2	M	ale Whi	te Dec	_	797 63	N Moin	DATS HOURS	DE DE	AD API	. 20	19	PM
S 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	70. BI	RTHPLACE (STATE OR REIGN COUNTRY)	7b. CIT	IZEN OF WH	AT COUNTRY?	La	ED NEVER MAR	PIED X 9. BALT	IMORE CITY OR	COUNTY OF	DEATH	
3222225	Tal	Virgini	e T	T.S.A		WIDOW			Washing	rton		MD.
12.3	10. CI	TY OR TOWN OF DEAT	H 11. NA	ME OF HOS	PITAL, NURSING HOM	E, OR OTH	ER INSTITUTION	120. USUAL OCC	UPATION (TYPE OF	WORK 12b. KI	ND OF BUS	INESS
TO THE TO SAGE BE FILED	a.	loonannin			CILITY, GIVE STREET ADDRESS)	2 07	0.0000000000000000000000000000000000000	FOR MOST OF V			R INDUSTR	1
E, MD. 21201 PEATH. IF ANY DELA ES 1, 2, AND 3 TO 1 PM 3. RETAIN PM 2. SHOULD BE EVITAL RECORDS.	USU	Le arsprin	ING HOME OR OTHER IN	sida	E RESIDENCE BEFORE ADMISS	ION)	earsprin	•		Con	St.	
SETANA SOUR	13a. S		36 COUNTY		13c. CITY OR TOWN		13d INSIDE CITY LIMITS?	-	RESS			
21201 2. IF ANY 3. RETA SHOULL RECOLL			Washing	ton	IClearspr	ing	YES NO					
RE, MD. DEATH, MA PAN PAN PAN PAN PAN PAN PAN PAN PAN PA	14, 17	THER'S NAME FIRST	MIDDLE		LAST		15. MOTHER'S MAIL FIRST	DEN NAME	MIDDLE		LAST	
RE, MD. 2 DEATH. II GES 1, 2, M PM 3. AND 2 SI	H	enry	L.		Suder		Ora	Lee		Smit	h	
MORE, FIER DE F PAGE F PAGE F S I AN	16a. V	AS DECEASED EVER IN	V U.S. ARMED FOR IF YES, GIVE WAR OR DA	RCES? ATES)	16b. SOCIAL SECURI	IY NO.	17. INFORMANT		ADDRESS			
E 4>±05		Yes	WW-2		220-09-9	307	Mrs. Err	nest Smi	th Hag.	Md.		
WITH PARKS WITH PARKS PA		18 CAUSE OF DEATH	(Enter only one co	ouse per line				THE TO		AF	PPROXIMATE I	NTERVAL AND DEATH
ISTON ST., IN 24 HOU IN ITEM 18 IN ITEM 18 SIT PERMIT. HYGIENE, DE		PART I DEATH WA	S CAUSED BY: IMMEDIATE CAUS	E (a) Act	ite Myocard	lial I	Infarction				ne da	
		410-		1-1-	AS A CONSEQUENCE	OF					Tarre .	-
W. PREST ED WITHIN PENCIL IN AMINER A AMINER A REMOVAL		Canditions, if an	y, which	(L)						5		
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		gave rise to in couse (a) stating t		(b) DUE TO, OR	AS A CONSEQUENCE	OF						
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		lying cause last.										
S. 3.		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH I	BUT NOT RELATED TO THE TER	DESCRIPTION OF THE PROPERTY OF	DP CONDITION CIVEN IN I	DART 1 (a)	***************************************			
AL RECORDS, 30 DULD BE EXECUT "PENDING" IN "PENDING" IN "SEA & BURIT F HEALTH AND A CREMATION, O	z				TO THE TEN	MINAL GISEAS	OR CONDITION OFFICE IN	AX1 1 (u).				
RECO	CERTIFICATION	19a. DATE OF OPERAT	ION I	19h CONDIT	ION FOR WHICH OPE	RATIONW	AS PERFORMED?			120 A	AUTOPSY?	
TALRE SHOULD SROULD SROULD SPECTIFF FE USED OF HEAL CRE.	FIC	none		178. CONDII	ion for michore		AOTEKI OKMED.					
A PER SE	RT	21a EXTERNAL CAUSE	WAS	ZIB. TIME OF	INTURY	Ta1. 114	OW IN LIVERY OF SCHOOL				YES 🔲	NO [
SION OF V RTIFICATE IG THE WG TO THE SHOULD B PARTMENT OR TO BUR					MONTH DAY YEA	R ZIC. FIC	none	RED LENTER NATURE OF	INJURY IN ITEM 18 PAR	T 1 OR PART 2)		
IDN THEIG TO HOLL R TO R TO	MEDICAL	UNDERLYING ON		P.M.	. 19							
DIVIS PINIS CER WRITING WRITING WGE 3 S GE 3 S OT PRIO	AED	21d. INJURY OCCURRE	D	21e. PLACE C STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION	CITY OR	TOWN	COUNTY		STATE
DI R: THIS (TE, WRI) DRWARD PAGE :: PAGE 21201 P	~	WHILE AT WORK AT WO	ORK									
RE TI		and the same of th		remains des	cribed above, held an	Autop	sy lospecti	ion X, Inqui	ry K ondi	n my opinion		
EXAMINER: CERTIFICATE CULD BE FOR WITH THE S	511	death resulted from:	Natural cause			vicide	, Homicide	Undetermined		iriny opinion		
EXAMINE CERTIFICA JLD BE FO WITH THE		death resulted from:	Notorol couse	o 42	Accident [], 3	viciae 🗀		Ondetermined	monner [,			
CAL EXA THE CER SHOULD RAL DIR. RE, MARY		ACTUAL #	rancica	G	togen		TITLE (SPECIFY)			DATE SIGNED Ap	22	1070
CAL THE SHC SHC SHC ATH CE, A		SIGNATURE	D	- 0	T- V T		Deputy	MEDICALEX		SIGNED AD	1 22,	19/9
TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOU TO FUNK SHOU D. AFTER DEATH, V. BALTMORE, MA.		EXAMINER'S NAME	Francis	co G.	Japzon, M.I		Hag	E. First erstown,	Md: 2174	0		
A LTIE	20.0	(TYPE OR PRINT)					ADDRESS.					
	230.B	JRIAL, CREMATION, REP PECIFY) Surial	MOVAL 236 DATE		23c. NAME OF CE	k He		Big Po	7 1.10	COUNTY	Id. STA	TE
BP		DEPARTURECTOR	Phi.T.	T 639	7 Fal.	и пе		PLE PO				
DHMH - 17 (VR A15 ME (5))	-	NAME I'M ARI	War Er	ADOTE S	ompson	2	A.	PR 3 0 197	Q Lin	Eny Me	Cready	
15M 7/77	11.	ompson Fu	ineral	Home	Clearsp	ring	rid.	1100 131	3	/		

13-10437 APR 30 (979)



4	M	1
MARYLAND 21201	ed within 24 hours offer death. Page 4 may be	mpletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours after death
2	- O	E 0

grust be notified of once.

injury, or other troumotic event, the medical expaniner

should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows any

STATE OF MARYLAND

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	~						

	1 -	STATE REGISTRAR		DEPART		ICATE OF DEATH	REG. N	79-104	33	
1.00		CEASED NAME FIRST CORPRINT) Mare	guerite '	Virginia		EENEY	20. DATE OF DEATH April 2		2b HOUR	м
	3. SE)	x Female	White	9	May		6. AGE (IN YEARS LAST BIRT			4 HRS MIN.
(30		RTHPLACE (STATE OR FOREIGN DUNTRY)		S.A.	8 MARRIE WIDOWE	DED DIVORCED	9 BALTIMORE CITY O Washir	er county of DEATH	e znaci	MD.
0	Н	ity or town of death lagerstown	6 Han	pton Road	i East	DR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O		D OF BUSINES RY	SOR
5	130. S Ma		ome or other institution COUNTY ashington	13t. CITY OR TOW Hagerst	ADMISSION)	13d INSIDE CITY LIMITS?	13e. SUREEL ADDRESS 6 Hamptor	n Road East		
10		Harry El	lsworth	Pangle		Bertha	Emmabel1		fford	
1	()	VAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF YE NO	S. ARMED FORCES? ES, GIVE WAR OR DATES)	166 SOCIAL SECU	IRITY NO.	Mr. Lawrence	M. Sweeney		wn, Md.	
	NC	Conditions, if ony, which gove rise to immedio couse (0), stating the underlying couse lost	$ \begin{cases} ch \\ de \\ he \\ st. \end{cases} $ $ \begin{cases} (b) \\ DUE TO, O \\ (c) \end{cases} $	R AS A CONSEQUE R AS A CONSEQUE CONTRIBUTING TO E	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAR	1(0)	
7	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	DINGS USED SES OF DEATH NO	1?
7	MEDICAL CER	274 SIGNATURE	OF DEATH MINER) 21e PLACE (AT HOME, STI hospital) attended th	M. MONTH D, M. OF INJURY REET, FACTORY, OFFICE, F	19 CARM, ETC.)	21f. HOW INJURY OCCURE 21f. LOCATION STREET , 19 nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	CITY OR TOV	vn COUNTY 19 pate and hour and from 27c. D	STAT	e) lost
1		224 PHYSICIANS NAME	100358	ZL-		22e ADDRESS				
	23a. B	BURIAL, CREMATION, REMO SPECIFY) Burial	OVAL 23b. DATE Apr. 24			ill Cemetery	23d. LOCATION CITY OR TOWN Hagerston	wn Wash,	Marylar	nd

BP.

TO FUNERAL DIRECTOR.

DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physicia

Minnich Funeral Homes
415 East Wilson Blvd., Hagerstown, Maryland

234 LOCATION CITY OF TOWN WASH, Maryland

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	331280	
计算程序	954	

	FOR - STATE		DEPARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE	7 (9-11	1440
1 D	REGISTRAR ECEASED NAME FIRS	T MIDDLE		AST DEATH	REG. NO 26. DATE OF DEATH		DAY YEAR	26. HOUR
(11	PE OR PRINT) Kat	hleen Emm	a V	IOLET	April 29		9	10:50
3 S	Female	White	S. DATE C		64		FUNDER 1 YEAR	
of the same	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	OUNTRY? B MARRIEI WIDOWE	D NEVER MARRIED	Washing	R COUNTY	OF DEATH	
	city or town of death	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY Reeders M	GIVE STREET ADDRESS)	OR OTHER INSTITUTION	126 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Seamstres	F WORKING LIFE	INDUSTRY	ing Mfg
5 USI	STATE [136			134. INSIDE CITY LIMITS?	13. STREET ADDRESS BOX 5		-	
14. F	FATHER'S NAME FIRST Otho	WIDDLE	Rice	15 MOTHER'S MAIDEN NAME FIRST Blanch	AIDDLE		Thoma	ST .S
160 N	WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (IF YE		5-44-9735	Mr. Ronald I	ADDRE	79 W.	Mina iniste	
NO	underlying couse lo	ch (b) DUE TO, OR AS A C	CONSEQUENCE OF	CALLIN ONE	INAL DISEASE OR CON	DITION GIVE	EN IN PART 1	Hus.
CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	, WERE FINDS	INGS USED S OF DEATH?
/	218. ACCIDENT WAS UNDERLYING CAUSE (IF EITHER, NOTIFY MEDICAL EXA.	OF DEATH HOUR A.M. MC	ONTH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM TO, PA	ART (OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU	RY ORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	νи	COUNTY	STATE
	sow the deceased ali	hospital) attended the decea- ve an did not) view the body after de	19, or	nd that in (my) (our) apinion (, toApril death occurred on the do	29 I		
				DEGREE	MEDICAL STA			E SIGNED
	THE SIGNATURE /	3. Dry	2	ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC	IAN 🗌	7	1-11
	THE PHYSICIAN'S NAME	RAZER, M.D.	2				rstown	n, Md.
236.	THE PHYSICIAN'S NAME	RAZER, M.D.	23¢ NAME OF C	PHYSICIAN [eadow Rd.	Hage	rstown	n, Md.

79-10410

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Z Z Z		F	W	5. DATE OF BIRTH MONTH DAY Aug. 7	1923 55			MIN PRONOUN DEAD	Eth	July 19 7	9 5
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SHOULD BE	130 N	d.	Mon.	t.	Bethesd	٧	13d. INSIDE CITY LIMITS? YES NO	17/00	ery La.		
. 6 1 /	E	THER'S NAMI		T.	Brashe		Is MOTHER'S MAIL FIRST Frances	MI	DDLE	Wolfe	
DIVISION OF VITA	16a. V (YI	AS DECEASE S, NO, OR UNKNO NO	D EVER IN U.S. AF	RMED FORCES? E WAR OR DATES)	219-14-8		Michael]	. Waldschn	ADDRESS	ambersbur	0
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T OF HEALTH AND MEN RIAL, CREMATION. OR RE	RTIFICATION	PART 2 OTHER SI Rt. 8	GNIFICANT CONDITIONS Subdural OPERATION	DUE TO, O. (c) 5 CONTRIBUTING TO DEAT H ema tom 19b. COND	R AS A CONSEQUENCE H BUT NOT RELATED TO THE TI A W/lacer ITION FOR WHICH OF	ERMINAL DISEASE TION PERATION W.	OR CONDITION GIVEN IN IN O T PT & T	And oral lo		20 AUTOPS YES &	1
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TER DEATH, WITH THE STATE DEPARTMENT OF LITIMORE, MARYLAND, 21201 PRIOR TO BURIA	MEDICAL	PART 2 OTHER SI Rt	GHIFICANT CONDITIONS SUBDILLE AND ALL CAUSE WAS OF OR NG PEAUSE OF DECURRED NOT WORK fy that I took char ed fram: Name NAME NT	DUE TO, O. (c) 5 CONTRIBUTING TO OF ATI 19b. COND 21b. TIME C HOUR A./ DEATH P./ 21e PLACE STREET, FAI UNK .	R AS A CONSEQUENCE H BUT NOT RELATED TO THE T A W/lacers ITION FOR WHICH OF DE INJURY M. MONTH DAY YE M. UNK • 19 OF INJURY (AT HOME, CTORY, FARM, ETC.)	ERMINAL DISEASE A TION PERATION W. 21c. HC unk 21f. LOC S Suicide	OR CONDITION GIVEN IN TO THE CONTROL OF THE CONTROL	CITY OR TOW	IN and in monner	YES OR PART 2) COUNTY Ty apinian	NO

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79-10442 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 20 DATE OF DEATH 2b. HOUR (TYPE OR PRINT) WENGER MARY ELIZABETH 26.19 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5. DATE OF BIRTH DAYS HOURS FEMALE APRIL 1880 WHITE 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FORFIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WASHINGTON CO. FRANKLIN 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION 126 KIND OF BUSINESS OR HOUSEWORK HOMEMAKER DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE HAL COUNTY 13c CITY OR TOWN PENNA. FRANKLIN GREENCASTLE # FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE STINE JESSE HYKES SUSAN A. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 69-38-5667-j1 OLD PEOPLES HOME, MAUGANSVILLE, MD NO APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY Mesenteric thrombosis IMMEDIATE CAUSE (0). OR AS A CONSEQUENCE OF antoursela Canditians, if any, which gove rise to immediate couse (a), stoting DUE TO OR AS A CONSEQUENCE OF underlying couse last 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 196 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOM YES [NO [21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY ō CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 22a.1 certify that (1) (the XXXXXXX Nottended the deceased fram_ Dec saw the deceased alive on April 21 obove, (II (XXXXII) (did not) view the bady ofter death 19 79 __ and that in (my XX) apinian death occurred on the date and haur and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN M.D.P.A. Apr. 22d. PHYSICIAN'S NAME (PE OR PRINTS 22e ADDRESS the Howard N. Weeks, M.D.P.A. 580 Northern Ave. Hagers. MD 21740 230 BURIAL, CREMATION, REMOVAL 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 23b. DATE STATE BURIAL BP. Eranklin Co. Penna. Brechbiel Cemetery 250. DAYE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE N. FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VR A 15 (4))

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STATE OF MARYLAND

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լյ	- STATE REGISTE	AR	M	EDICAL EXAMIN			PATH	3. NO 0 _	1011	2
	DECEASED TYPE OR PRINT	NAME FIRST		MIDDLE	LAST		2a. DATE KNOW	HTMOM N	DAY YEAR	76. HOUR
Ι,	TIPE OR PRINT	Stuart		Walker	Wol	finger	OF ESTI-	Apr	7 19 79	7/5M
	EX	4 RACE	5. DATE OF BIRT	H 6. AGE (IN YE	ARS IF UNDER 1 Y	R. IF UNDER 24 HR	S. 2c. DATE PRONOUNCED	MONTH	DAY YEAR	2d. HOUR
	Male	White		5,1906 72 vi	RS. MONTHS DATS	HOURS MIN.	DEAD	Hpr-	7 1979	7.43 7.3M
21	FOREIGN COI	E (STATE OR		WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. BALTIMORE CI	TY OR COUNT	Y OF DEATH	
	wash.			U.S.A.	WIDOWED -	DIVORCED [WAS	HING	-70N	MD.
2E		OWN OF DEATH	11. NAME OF HO	DSPITAL, NURSING HOME FACILITY, GIVE STREET ADDRESS) Ston Count	OR OTHER INSTI	ITUTION 12a L	DENAL OCCUPATION DE MOST OF WORKING LIFE TOSPECTO	(TYPE OF WORK	OR INDUST	RY
- 1		stown		GIVE RESIDENCE BEFORE ADMISSI		tal	Inspecto	r	Power	Co.
130	STATE	1136. COUN	ITY	13c. CITY OR TOWN	13d. INSIC		TREET ADDRESS			
_	FATHER'S		lerick	Middleto		THER'S MAIDEN NA		ddletc	own, Md	•
1	FIRST	ank	WIDDLE	Wolfinger	13. MO	FIRST	WIDDLE	Class	LAST	
160	WASDEC	EASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECURIT	Y NO. 17 INFO	Bessie Bessie Bessie Bessie Bessie Bessie Bessie Bessie Bessie	V. APP	RESS	wford	
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=	18. CA	JSE OF DEATH (Enter an	ly ane cause per li		,		20011 11 22	7	APPROXIMATE BETWEEN ONSE	INTERVAL
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	140	29		OR AS A CONSEQUENCE	OF Fu	1			1	
		nditions if any, which	(b)	Herton	inscler	otie,	4			
	ca	use (a) stating the <u>under-</u> ing cause last.		OR AS A CONSEQUENCE	OF			27,011		
			(c)							
1 2		THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN PART 1 (a).				
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1 5		TE OF OTERNION	178. CON	MIOIVI OR WINCH OFER	ATION WAS FERE	OKWED!				
CEPTIEICATION	21a EX	ERNAL CAUSE WAS		OF INJURY	21c. HOW INJU	JRY OCCURRED (ENT	ER NATURE OF INJURY IN ITE	M 18 PART 1 OR PAI	YES RT 2)	NO 📓
	LINDED	LYING OR IBUTING CAUSE OF I		M. MONTH DAY YEAR						
MEDICAL	21d. IN	URY OCCURRED	21e PLAC	E OF INJURY (AT HOME,	21f. LOCATION					
13	WHILE AT WO	RK NOT WHILE	STREET, FA	ACTORY, FARM, ETC.)	STREET		CITY OR TOWN	COU	YTM	STATE
			e of the remains d	lescribed abave, held an	Autopsy .	Inspection 🗡	Inquire.	and in my	inian	
			ral causes .				Inquiry L., Jetermined manner [and in my op	inian	
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230	(SPECIFY)	REMATION, REMOVAL 2			METERY OR CREMA	C	LOCATION	Faire	ax "	ATI
24	Bu	rial	pr. 9, 19	79 King Da	avid Mer	n. Garde	ns Falls	Churc	h	Va.
S	Mith	Fade ley	Keeney	Pasford Condense	meral F	250. DATE REC'D.	1 1979	peopley	Magnes	7
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Start Welker tollinger | Tollinger | Trable Mark Table Jack 16, 1905 72 .ou waste com consequent ladiqued vamou acquainban mucioneges Tropper .v elegal counties START HOLDER TO STARTED SAME THE A PARTY WAS A STATE OF CALL CALL STREET STREET STREET STREET The second of the second of the second of the second duries programmes and are solved and tyre, core tained Tipe a. Obuled St., Headerick, IC.